MARSHALL UNIVERSITY
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College of Education and Human Services
School of Kinesiology

B.S. Athletic Training Annual Report

I. Program's Mission:

Marshall University Mission Statement:
Marshall University is a multi-campus public university providing innovative undergraduate and graduate education that contributes to the development of society and the individual. The University actively facilitates learning through the preservation, discovery, synthesis, and dissemination of knowledge.

Athletic Training Education Program (ATEP) Mission Statement:
The Mission of the ATEP at Marshall University is to meet the academic needs of individuals desiring to become certified athletic trainers and those professionals desiring to update, renew, or enter the athletic training profession. This mission is accomplished through curricula planning and faculty organization. The ATEP provides education and services for a society that is open, complex, demanding and evolving.

- *Provide opportunities for individuals to meet their education needs and achieve personal growth, development, knowledge, and understanding;*
- *Prepare pre-service athletic trainers through academic and professional course work as well as related clinical experiences;*
- *Participate in the continuing development of practicing athletic trainers through the development and dissemination of new theories, concepts, and practices;*
- *Provide opportunities for original research and publication related to athletic training;*
- *Make available consultation services for public and private agencies;*
- *Provide pre-service and in-service training to clientele in the broad field of athletic training and the umbrella of sports medicine;*
- *Recognize and address societal and cultural demands on curriculum planning and programming;*
- *Make available to all students a variety of learning experiences;*
- *Cooperate with other individuals, both on campus and off campus, to provide enhanced educational opportunities for all students; and*
- *Provide educational and service resources to West Virginia, Tri-State Region, and nationally.*

The ATEP mission statement parallels the Marshall University (MU) mission statement in many ways. First, to be board eligible to become a certified athletic trainer one must graduate from a CAATE (Commission on Accreditation of Athletic Training Education) accredited ATEP. The ATEP is fully CAATE accredited having its last site visit in the spring of 2009. The MU mission statement portrays "…*innovative undergraduate and graduate education*…" The ATEP is just that, in that it is fully CAATE accredited making it an innovative undergraduate program by CAATE standards. Secondly the MU mission statement boasts of "…*development of society and the individual*…" The ATEP mission statement echoes that by catering to"…*those professionals desiring to update, renew, or enter the athletic training profession…"* Finally, the ATEP goals reflects "*The University actively facilitates learning through the preservation, discovery, synthesis, and dissemination of knowledge."* From the MU mission statement

II. Program's Student Learning Outcomes:

The ATEP learning competencies are dictated by CAATE. The competencies are reviews by CAATE during each continuing accreditation self-study and site visit cycle. The competencies CAATE require in athletic training education are:

Competency Code	Competency
AC-C1	Explain the legal, moral, and ethical parameters that define the scope of first aid and emergency care and identify the proper roles and responsibilities of the certified athletic trainer.
AC-C2	Describe the availability, content, purpose, and maintenance of contemporary first aid and emergency care equipment.
AC-C3	Determine what emergency care supplies and equipment are necessary for circumstances in which the athletic trainer is the responsible first responder.
AC-C4	Know and be able to use appropriately standard nomenclature of injuries and illnesses.
AC-C5	Describe the principles and rationale of the initial assessment including the determination of whether the accident scene is safe, what may have happened, and the assessment of airway, breathing, circulation, level of consciousness and other life-threatening conditions.
AC-C6	Differentiate the components of a secondary assessment to determine the type and severity of the injury or illness sustained.
AC-C7	Identify the normal ranges for vital signs.
AC-C8	Describe pathological signs of acute/traumatic injury and illness including, but not limited to, skin temperature, skin color, skin moisture, pupil reaction, and neurovascular function.

AC-C9	Describe the current standards of first aid, emergency care, rescue breathing, and cardiopulmonary resuscitation for the professional rescuer.
AC-C10	Describe the role and function of an automated external defibrillator in the emergency management of acute heart failure and abnormal heart rhythms.
AC-C11	Describe the role and function of supplemental oxygen administration as an adjunct to cardiopulmonary resuscitation techniques.
AC-C12	Describe the characteristics of common life-threatening conditions that can occur either spontaneously or as the result of direct trauma to the throat, thorax and viscera, and identify the management of these conditions.
AC-C13	Describe the proper management of external hemorrhage, including the location of pressure points, use of universal precautions, and proper disposal of biohazardous materials.
AC-C14	Identify the signs and symptoms associated with internal hemorrhaging.
AC-C15	Describe the appropriate use of aseptic or sterile techniques, approved sanitation methods, and universal precautions for the cleansing and dressing of wounds.
AC-C16	Describe the injuries and illnesses that require medical referral.
AC-C17	Explain the application principles of rest, cold application, elevation, and compression in the treatment of acute injuries.
AC-C18	Describe the signs, symptoms, and pathology of acute inflammation.
AC-C19	Identify the signs and symptoms of head trauma, including loss of consciousness, changes in standardized neurological function, cranial nerve assessment, and other symptoms that indicate underlying trauma.
AC-C20	Explain the importance of monitoring a patient following a head injury, including obtaining clearance from a physician before further patient participation.
AC-C21	Define cerebral concussion, list the signs and symptoms of concussions, identify the methods for determining the neurocognitive status of a patient who sustains a concussion and describe contemporary concepts for the management and return-to-participation of a patient who sustains a concussion.

AC-C22	Identify the signs and symptoms of trauma to the cervical, thoracic and lumbar spines, the spinal cord, and spinal nerve roots, including neurological signs, referred symptoms, and other symptoms that indicate underlying trauma and pathology.
AC-C23	Describe cervical stabilization devices that are appropriate to the circumstances of an injury.
AC-C24	Describe the indications, guidelines, proper techniques and necessary supplies for removing equipment and clothing in order to evaluate and/or stabilize the involved area.
AC-C25	Describe the effective management, positioning, and immobilization of a patient with a suspected spinal cord injury.
AC-C26	Identify the appropriate short-distance transportation method, including immobilization, for an injured patient.
AC-C27	Identify the signs, symptoms, possible causes, and proper management of the following:
AC-C27a	Different types of shock
AC-C27b	Diabetic coma
AC-C27c	Seizures
AC-C27d	Toxic drug overdose
AC-C27e	Allergic, thermal, and chemical reactions of the skin (including infestations and insect bites)
AC-C28	Identify the signs and symptoms of serious communicable diseases and describe the appropriate steps to prevent disease transmission.
AC-C29	Identify the signs, symptoms, and treatment of patients suffering from adverse reactions to environmental conditions.
AC-C30	Identify information obtained during the examination to determine when to refer an injury or illness for further or immediate medical attention.
AC-C31	Describe the proper immobilization techniques and select appropriate splinting material to stabilize the injured joint or limb and maintain distal circulation.
AC-C32	Describe the proper ambulatory aid and technique for the injury and patient.
AC-C33	Describe home care and self-treatment plans of acute injuries and illnesses.
AC-P1	Survey the scene to determine whether the area is safe and determine what may have happened.

AC-P2	Perform an initial assessment to assess the following, but not limited to:
AC-P2a	Airway
AC-P2b	Breathing
AC-P2c	Circulation
AC-P2d	Level of consciousness
AC-P2e	Other life-threatening conditions
AC-P3	Implement appropriate emergency treatment strategies, including but not limited to:
AC-P3a	Activate an emergency action plan
AC-P3b	Establish and maintain an airway in an infant, child, and adult
AC-P3c	Establish and maintain an airway in a patient wearing shoulder pads, headgear or other protective equipment and/or with a suspected spine injury
AC-P3d	Perform one- and two-person CPR on an infant, child, and adult
AC-P3e	Utilize a bag-valve mask on an infant, child, and adult
AC-P3f	Utilize an automated external defibrillator (AED) according to current accepted practice protocols
AC-P3g	Normalize body temperature in situations of severe/life-threatening heat or cold stress
AC-P3h	Control bleeding using universal precautions
AC-P3i	Administer an EpiPen for anaphylactic shock
AC-P4	Perform a secondary assessment and employ the appropriate management techniques for non-life-threatening situations, including but not limited to:
AC-P4a	Open and closed wounds (using universal precautions)
AC-P4b	Closed-head trauma (using standard neurological tests and tests for cranial nerve function)
AC-P4c	Evironmental illness
AC-P4d	Seizures
AC-P4e	Acute asthma attack
AC-P4f	Different types of shock
AC-P4g	Thoracic, respiratory, and internal abdominal injury or illness
AC-P4h	Acute musculoskeletal injuries (i.e. sprains, strains, fractures, dislocations)
AC-P4i	Spinal cord and peripheral nerve injuries
AC-P4j	Diabetic coma
AC-P4k	Toxic drug overdose

AC-P4l	Allergic, thermal, and chemical reactions of the skin (including infestations and insect bites
AC-CP1	Demonstrate the ability to manage acute injuries and illnesses. This will include surveying the scene, conducting an initial assessment, utilizing universal precautions, activating the emergency action plan, implementing appropriate emergency techniques and procedures, conducting a secondary assessment and implementing appropriate first aid techniques and procedures for non-life-threatening situations. Effective lines of communication should be established and the results of the assessment, management and treatment should be documented.
TM-C1	Describe the physiological and pathological processes of trauma, wound healing and tissue repair and their implications on the selection and application of therapeutic modalities used in a treatment and/or rehabilitation program.
TM-C2	Explain the principles of physics, including basic concepts associated with the electromagnetic and acoustic spectra (e.g., frequency, wavelength) associated with therapeutic modalities.
TM-C3	Explain the terminology, principles, basic concepts, and properties of electric currents as they relate to therapeutic modalities.
TM-C4	Describe contemporary pain-control theories.
TM-C5	Describe the role and function of the common pharmacological agents that are used in conjunction with therapeutic modalities
TM-C6	Explain the body's physiological responses during and following the application of therapeutic modalities.
TM-C7	Describe the electrophysics, physical properties, biophysics, patient preparation and modality set-up (parameters), indications, contraindications, and specific physiological effects associated with commonly used therapeutic modalities.
TM-C8	Identify appropriate therapeutic modalities for the treatment and rehabilitation of injuries and illness.
TM-C9	Describe the process/methods of assessing and reassessing the status of the patient using standard techniques and documentation strategies to determine appropriate treatment and rehabilitation and to evaluate readiness to return to the appropriate level of activity. This includes the ability to:
TM-C9a	Describe and interpret appropriate measurement and assessment procedures as they relate to the selection and application of therapeutic modalities.
TM-C9b	Interpret objective measurement results as a basis for developing individualized therapeutic modality application and set-up (parameters).

TM-C9c	Interpret the results of injury assessment and determine an appropriate therapeutic modality program to return the patient to physical activity.
TM-C9d	Determine the appropriate therapeutic modality program and appropriate therapeutic goals and objectives based on the initial assessment and frequent reassessments.
TM-C9e	Determine the criteria for progression and return to activity based on the level of functional outcomes.
TM-C9f	Describe appropriate methods of assessing progress when using therapeutic modalities and interpret the results.
TM-C9g	Interpret physician notes, postoperative notes, and physician prescriptions as they pertain to a treatment plan.
TM-C9h	Describe appropriate medical documentation for recording progress in a therapeutic modality program.
TM-C10	Identify manufacturer's, institutional, state, and federal standards for the operation and safe application of therapeutic modalities.
TM-C11	Identify manufacturer's, institutional, state and federal guidelines for the inspection and maintenance of therapeutic modalities.
TM-P1	Assess patient to identify indications, contraindications, and precautions applicable to the application of therapeutic modalities.
TM-P2	Obtain and interpret baseline and posttreatment objective physical measurements to evaluate and interpret results.
TM-P3	Inspect the therapeutic modalities and treatment environment for potential safety hazards.
TM-P4	Position and prepare the patient for the application of therapeutic modalities.
TM-P5	Select and apply appropriate therapeutic modalities according to evidence-based guidelines.
TM-P6	Document treatment goals, expectations, and treatment outcomes.
TM-CP1	Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, patient set-up, and evidence-based application of therapeutic modalities for acute and chronic injuries. The student will formulate a progressive treatment and rehabilitation plan and appropriately apply the modalities. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed modality(s). While maintaining patient confidentiality, all aspects of the treatment plan should be documented using standardized record-keeping methods.
TM-CP1.1	Infrared Modalities
TM-CP1.2	Electrical Stimulation Modalities
TM-CP1.3	Therapuetic Ultrasound
TM-CP1.4	Mechanical Modalities
TM-CP1.5	Massage and other Manual Techniques
EX-C1	Describe the physiological and pathological processes of trauma, wound healing and tissue repair and their implications on the development, progression and implementation of a therapeutic exercise program.
EX-C2	Describe the mechanical principles applied to the design and use of therapeutic exercise equipment and techniques (leverage, force, kinesiology and biomechanics).
EX-C3	Describe common surgical techniques, pathology, and any subsequent

	anatomical alterations that may affect the implementation of a therapeutic exercise program.
EX-C4	Describe the appropriate selection and application of therapeutic exercises taking the following into consideration:
EX-C4a	The physiological responses of the human body to trauma
EX-C4b	The physiological effects of inactivity and immobilization on the musculoskeletal, cardiovascular, nervous, and respiratory systems of the human body
EX-C4c	The anatomical and/or biomechanical alterations resulting from acute and chronic injury and improper mechanics
EX-C4d	The physiological adaptations induced by the various forms of therapeutic exercise, such as fast- versus slow-twitch muscle fibers
EX-C4e	The physiological responses of additional factors, such as age and disease
EX-C5	Describe the indications, contraindications, theory, and principles for the incorporation and application of various contemporary therapeutic exercise equipment and techniques, including aquatic therapy, manual therapy and mobilization.
EX-C6	Define the basic components of activity-specific rehabilitation goals, functional progressions, and functional outcomes in a therapeutic exercise program.
EX-C7	Describe the process/methods of assessing and reassessing the status of the patient using standard techniques and documentation strategies in order to determine appropriate treatment and rehabilitation plans and to evaluate the readiness to return to the appropriate level of activity. This includes the ability to:
EX-C7a	Describe and interpret appropriate measurement and functional testing procedures as they relate to the selection and application of therapeutic exercise.
EX-C7b	Interpret objective measurement results (muscular strength/endurance, range of motion) as a basis for developing an individualized therapeutic exercise program.
EX-C7c	Interpret the results of a physical assessment and determine an appropriate therapeutic exercise program to return the patient to physical activity.
EX-C7d	Determine the appropriate therapeutic exercise program and appropriate therapeutic goals and objectives based on the initial assessment and frequent reassessments.
EX-C7e	Determine the criteria for progression and return to activity based on the level of functional outcomes.
EX-C7f	Describe appropriate methods of assessing progress in a therapeutic exercise program and interpret the results.
EX-C7g	Interpret physician notes, postoperative notes, and physician prescriptions as they pertain to a therapeutic exercise program.
EX-C7h	Describe appropriate medical documentation for recording progress in a therapeutic exercise program.
EX-C8	Explain the effectiveness of taping, wrapping, bracing, and other supportive/protective methods for facilitation of safe progression to advanced therapeutic exercises and functional activities.
EX-C9	Describe manufacturer's, institutional, state and federal guidelines for the inspection and maintenance of therapeutic exercise equipment.
EX-P1	Assess a patient to determine specific therapeutic exercise indications, contraindications, and precautions.
EX-P2	Obtain and interpret baseline and postexercise objective physical measurements to evaluate therapeutic exercise progression and interpret

	results.
EX-P3	Inspect therapeutic exercise equipment to ensure safe operating condition.
EX-P4	Demonstrate the appropriate application of contemporary therapeutic exercises and techniques according to evidence-based guidelines.
EX-P5	Instruct the patient in proper techniques of commonly prescribed therapeutic exercises.
EX-P6	Document rehabilitation goals, progression and functional outcomes.
EX-P7	Perform a functional assessment for safe return to physical activity.
EX-CP	Synthesize information obtained in a patient interview and physical examination to determine the indications, contraindications and precautions for the selection, application, and evidence-based design of a therapeutic exercise program for injuries to the upper extremity, lower extremity, trunk, and spine. The student will formulate a progressive rehabilitation plan and appropriately demonstrate and/or instruct the exercises and/or techniques to the patient. Effective lines of communication should be established to elicit and convey information about the patient's status and the prescribed exercise(s). While maintaining patient confidentiality, all aspects of the exercise plan should be documented using standardized record-keeping methods.
EX-CP1	Program for injuries to the upper extremity
EX-CP1.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP1.2	Exercises to Improve Muscular Strength
EX-CP1.3	Exercises to Improve Muscular Endurance
EX-CP1.4	Exercises to Improve Muscular Speed
EX-CP1.5	Exercises to Improve Muscular Power
EX-CP1.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP1.7	Exercises to Improve Agility
EX-CP1.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP1.9	Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening
EX-CP2	Program for injuries to the lower extremity
EX-CP2.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP2.2	Exercises to Improve Muscular Strength
EX-CP2.3	Exercises to Improve Muscular Endurance
EX-CP2.4	Exercises to Improve Muscular Speed
EX-CP2.5	Exercises to Improve Muscular Power
EX-CP2.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP2.7	Exercises to Improve Agility
EX-CP2.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP2.9	Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening
EX-CP3	Program for injuries to the trunk
EX-CP3.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP3.2	Exercises to Improve Muscular Strength
EX-CP3.3	Exercises to Improve Muscular Endurance
EX-CP3.4	Exercises to Improve Muscular Speed
EX-CP3.5	Exercises to Improve Muscular Power
EX-CP3.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP3.7	Exercises to Improve Agility

EX-CP3.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP3.9	Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening
EX-CP4	Program for injuries to the spine
EX-CP4.1	Exercises and Techniques to Improve Joint Range of Motion
EX-CP4.2	Exercises to Improve Muscular Strength
EX-CP4.3	Exercises to Improve Muscular Endurance
EX-CP4.4	Exercises to Improve Muscular Speed
EX-CP4.5	Exercises to Improve Muscular Power
EX-CP4.6	Exercises to Improve Balance, Neuromuscular Control, and Coordination
EX-CP4.7	Exercises to Improve Agility
EX-CP4.8	Exercises to Improve Cardiorespiratory Endurance
EX-CP4.9	Exercises to Improve Activity-Specific Skills, including Ergonomics and Work Hardening
PH-C1	Explain the laws, regulations, and procedures that govern storing, transporting, dispensing, and recording prescription and nonprescription medications (Controlled Substance Act, scheduled drug classification, and state statutes).
PH-C2	Identify appropriate pharmaceutical terminology and abbreviations used in the prescription, administration, and dispensing of medications.
PH-C3	Identify information about the indications, contraindications, precautions, and adverse reactions for common prescription and nonprescription medications (including herbal medications) using current pharmacy resources.
PH-C4	Explain the concepts of pharmacokinetics (absorption, distribution, metabolism, and elimination) and the suspected influence that exercise might have on these processes.
PH-C5	Explain the concepts related to bioavailability, half-life, and bioequivalence.
PH-C6	Explain the general pharmacodynamic principles as they relate to the mechanism of drug action and therapeutic effectiveness (e.g. receptor theory, dose-response relationship, potency, and drug interactions).
PH-C7	Describe the common routes used to administer medications (e.g., oral, inhalation, and injection) and their advantages and disadvantages.
PH-C8	Explain the relationship between generic or brand name pharmaceuticals.
PH-C9	Identify medications that might cause possible poisoning, and describe how to activate and follow the locally established poison control protocols.
PH-C10	Explain the known usage patterns, general effects, and short- and long-term adverse effects for the commonly used performance-enhancing substances.
PH-C11	Identify which therapeutic drugs and nontherapeutic substances are banned by sport and/or workplace organizations in order to properly advise patients about possible disqualification and other consequences.
PH-P1	Obtain and communicate patient education materials regarding physician-prescribed medications, over-the-counter drugs, and performance-enhancing substances using appropriate references.
PH-P2	Abide by federal, state, and local regulations for the proper storage, transportation, dispensing (administering where appropriate), and documentation of commonly used medications.
PH-P3	Activate and effectively follow locally established poison control protocols.

PS-C1	Explain the psychosocial requirements (i.e., motivation and self-confidence) of various activities that relate to the readiness of the injured or ill individual to resume participation.
PS-C2	Explain the stress-response model and the psychological and emotional responses to trauma and forced inactivity.
PS-C3	Describe the motivational techniques that the athletic trainer must use during injury rehabilitation and reconditioning.
PS-C4	Describe the basic principles of mental preparation, relaxation, visualization, and desensitization techniques.
PS-C5	Describe the basic principles of general personality traits, associated trait anxiety, locus of control, and patient and social environment interactions.
PS-C6	Explain the importance of providing health care information to patients, parents/guardians, and others regarding the psychological and emotional well being of the patient.
PS-C7	Describe the roles and function of various community-based health care providers (to include, but not limited, to: psychologists, counselors, social workers, human resources personnel) and the accepted protocols that govern the referral of patients to these professionals.
PS-C8	Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, their patients, and others involved in the health care of the patient.
PS-C9	Explain the basic principles of counseling (discussion, active listening, and resolution) and the various strategies that certified athletic trainers may employ to avoid and resolve conflicts among superiors, peers, and subordinates.
PS-C10	Identify the symptoms and clinical signs of common eating disorders and the psychological and sociocultural factors associated with these disorders.
PS-C11	Identify and describe the sociological, biological and psychological influences toward substance abuse, addictive personality traits, the commonly abused substances, the signs and symptoms associated with the abuse of these substances, and their impact on an individual's health and physical performance

PS-C12	Describe the basic signs and symptoms of mental disorders (psychoses), emotional disorders (neuroses, depression), or personal/social conflict (family problems, academic or emotional stress, personal assault or abuse, sexual assault, sexual harassment), the contemporary personal, school, and community health service agencies, such as community-based psychological and social support services that treat these conditions and the appropriate referral procedures for accessing these health service agencies.
PS-C13	Describe the acceptance and grieving processes that follow a catastrophic event and the need for a psychological intervention and referral plan for all parties affected by the event.
PS-C14	Explain the potential need for psychosocial intervention and referral when dealing with populations requiring special consideration (to include but not limited to those with exercise-induced asthma, diabetes, seizure disorders, drug allergies and interactions, unilateral organs, physical and/or mental disability).
PS-C15	Describe the psychosocial factors that affect persistent pain perception (i.e., emotional state, locus of control, psychodynamic issues, sociocultural factors, and personal values and beliefs) and identify multidisciplinary approaches for managing patients with persistent pain.
PS-CP1	Demonstrate the ability to conduct an intervention and make the appropriate referral of an individual with a suspected substance abuse or other mental health problem. Effective lines of communication should be established to elicit and convey information about the patient's status. While maintaining patient confidentiality, all aspects of the intervention and referral should be documented using standardized record-keeping methods.

PS-CP2	Demonstrate the ability to select and integrate appropriate motivational techniques into a patient's treatment or rehabilitation program. This includes, but is not limited to, verbal motivation, visualization, imagery, and/or desensitization. Effective lines of communication should be established to elicit and convey information about the techniques. While maintaining patient confidentiality, all aspects of the program should be documented using standardized record-keeping techniques.

NU-C1	Describe personal health habits and their role in enhancing performance, preventing injury or illness, and maintaining a healthy lifestyle.
NU-C2	Describe the USDA's "My Pyramid" and explain how this can be used in performing a basic dietary analysis and creating a dietary plan for a patient.
NU-C3	Identify and describe primary national organizations responsible for public and professional nutritional information.
NU-C4	Identify nutritional considerations in rehabilitation, including nutrients involved in healing and nutritional risk factors (e.g., reduced activity with the same dietary regimen and others).
NU-C5	Describe common illnesses and injuries that are attributed to poor nutrition (e.g., effects of poor dietary habits on bone loss, on injury, on long-term health, and on other factors).
NU-C6	Explain energy and nutritional demands of specific activities and the nutritional demands placed on the patient.
NU-C7	Explain principles of nutrition as they relate to the dietary and nutritional needs of the patient (e.g., role of fluids, electrolytes, vitamins, minerals, carbohydrates, protein, fat, and others).
NU-C8	Explain the physiological processes and time factors involved in the digestion, absorption, and assimilation of food, fluids, and nutritional supplements. Further, relate these processes and time factors to the design and planning of preactivity and postactivity meals, menu content, scheduling, and the effect of other nonexercise stresses before activity.
NU-C9	Describe the principles, advantages, and disadvantages of ergogenic aids and dietary supplements used in an effort to improve physical performance.

NU-C10	Explain implications of FDA regulation of nutritional products.
NU-C11	Identify and interpret pertinent scientific nutritional comments or position papers (e.g., healthy weight loss, fluid replacement, pre-event meals, and others).
NU-C12	Explain principles of weight control for safe weight loss and weight gain, and explain common misconceptions regarding the use of food, fluids, and nutritional supplements in weight control.
NU-C13	Explain consequences of improper fluid replacement.
NU-C14	Describe disordered eating and eating disorders (i.e., signs, symptoms, physical and psychological consequences, referral systems).
NU-C15	Identify effects of macronutrients (e.g., saturated fats, incomplete proteins, and complex carbohydrates) on performance, health, and disease.
NU-C16	Describe signs, symptoms, and physiological effects of mineral deficiency (e.g., iron, and calcium), and identify foods high in specific mineral content.
NU-C17	Identify and explain food label Daily Value recommendations and common food sources of essential vitamins and minerals in using current USDA Dietary Guidelines.
NU-C18	Describe the principles and methods of body composition assessment (e.g., skinfold calipers, bioelectric impedance, body mass index [BMI]) to assess a patient's health status and to monitor progress in a weight loss or weight gain program for patients of all ages and in a variety of settings.
NU-C19	Explain the relationship between basal metabolic rate, caloric intake, and energy expenditure in the use of the Food Pyramid Guidelines.
NU-C20	Identify the nutritional benefits and costs of popular dietary regimen for weight gain, weight loss, and performance enhancement.
NU-P1	Assess body composition by validated technique (e.g., skinfold calipers, bioelectric impedance, BMI, etc.) to assess a patient's health status and to monitor progress during a weight loss or weight gain program.
NU-P2	Calculate energy expenditure, caloric intake, and BMR.

NU-P3	Provide educational information about basic nutritional concepts, facts, needs, and food labels for settings associated with physically active individuals of a wide range of ages and needs.
NU-CP1	Demonstrate the ability to counsel a patient in proper nutrition. This may include providing basic nutritional information and/or an exercise and nutrition program for weight gain or weight loss. The student will demonstrate the ability to take measurements and figure calculations for a weight control plan (e.g., measurement of body composition and BMI, calculation of energy expenditure, caloric intake, and BMR). Armed with basic nutritional data, the student will demonstrate the ability to develop and implement a preparticipation meal and an appropriate exercise and nutritional plan for an active individual. The student will develop an active listening relationship to effectively communicate with the patient and, as appropriate, refer the patient to other medical professionals (physician, nutritionist, counselor or psychologist) as needed.
NU-CP2	Demonstrate the ability to recognize disordered eating and eating disorders, establish a professional helping relationship with the patient, interact through support and education, and encourage vocal discussion and other support through referral to the appropriate medical professionals.
AD-C1	Describe organization and administration of preparticipation physical examinations and screening including, but not limited to, developing assessment and record-keeping forms that include the minimum recommendations from recognized health and medical organizations, scheduling of appropriate health and medical personnel, and efficient site use.
AD-C2	Identify components of a medical record (e.g., emergency information, treatment documentation, epidemiology, release of medical information, etc.), common medical record-keeping techniques and strategies, and strengths and weaknesses of each approach and the associated implications of privacy statutes (Health Insurance Portability and Accountability Act [HIPAA] and Federal Educational Rights Privacy Act [FERPA]).
AD-C3	Identify current injury/illness surveillance and reporting systems.
AD-C4	Identify common human resource policy and federal legislation regarding employment (e.g., The Americans with Disabilities Act, Family Medical Leave Act, FERPA, Fair Labor Standards Act, Affirmative Action, Equal Employment Opportunity Commission).
AD-C5	Describe duties of personnel management, including (1) recruitment and selection of employees, (2) retention of employees, (3) development of policies-and-procedures manual, (4) employment performance evaluation, 5) compliance with nondiscriminatory and unbiased employment practices.
AD-C6	Identify principles of recruiting, selecting, and employing physicians and other medical and allied health care personnel in the deployment of health care services.

AD-C7	Describe federal and state infection control regulations and guidelines, including universal precautions as mandated by the Occupational Safety and Health Administration (OSHA), for the prevention, exposure, and control of infectious diseases and discuss how they apply to the athletic trainer.
AD-C8	Identify key accrediting agencies for health care facilities (e.g., Joint Commission on Accreditation of Healthcare Organizations [JCAHO], Commission on Accreditation of Rehabilitation Facilities [CARF] and allied health education programs (e.g., Commission on Accreditation of Athletic Training Education [CAATE]) and describe their function in the preparation of health care professionals and the overall delivery of health care.
AD-C9	Identify and describe technological needs of an effective athletic training service and the commercial software and hardware that are available to meet these needs.
AD-C10	Describe the various types of health insurance models (e.g., health maintenance organization [HMO], preferred provider organization [PPO], fee-for-service, cash, and Medicare) and the common benefits and exclusions identified within these models.
AD-C11	Describe the concepts and procedures for third-party insurance reimbursement including the use of diagnostic (ICD-9-CM) and procedural (CPT) coding.
AD-C12	Explain components of the budgeting process, including purchasing, requisition, bidding, and inventory.
AD-C13	Describe basic architectural considerations that relate to the design of safe and efficient clinical practice settings and environments.
AD-C14	Describe vision and mission statements to focus service or program aspirations and strategic planning (e.g., "weaknesses, opportunities, threats and strengths underlying planning" [WOTS UP], "strengths, weaknesses, opportunities and threats" [SWOT]) to critically bring out organizational improvement.
AD-C15	Explain typical administrative policies and procedures that govern first aid and emergency care (e.g., informed consent and incident reports).
AD-C16	Identify and describe basic components of a comprehensive emergency plan for the care of acutely injured or ill patients, which include (1) emergency action plans for each setting or venue; (2) personnel education and rehearsal; (2) emergency care supplies and equipment appropriate for each venue; (3) availability of emergency care facilities; (4) communication with onsite personnel and notification of EMS; (5) the availability, capabilities, and policies of community-based emergency care facilities and community-based managed care systems; (6) transportation; (7) location of exit and evacuation routes;

	(8) activity or event coverage; and (9) record keeping.
AD-C17	Explain basic legal concepts as they apply to a medical or allied health care practitioner's responsibilities (e.g., standard of care, scope of practice, liability, negligence, informed consent and confidentiality, and others).
AD-C18	Identify components of a comprehensive risk management plan that addresses the issues of security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.
AD-C19	Describe strategic processes and effective methods for promoting the profession of athletic training and those services that athletic trainers perform in a variety of practice settings (e.g., high schools and colleges, professional and industrial settings, hospitals and community-based health care facilities, etc.).
AD-C20	Differentiate the roles and responsibilities of the athletic trainer from those of other medical and allied health personnel who provide care to patients involved in physical activity and describe the necessary communication skills for effectively interacting with these professionals.
AD-C21	Describe role and functions of various community-based medical, paramedical, and other health care providers and protocols that govern the referral of patients to these professionals.
AD-C22	Describe basic components of organizing and coordinating a drug testing and screening program, and identify the sources of current banned-drug lists published by various associations.
AD-P1	Develop risk management plans, including facility design, for safe and efficient health care facilities.
AD-P2	Develop a risk management plan that addresses issues of liability reduction; security, fire, and facility hazards; electrical and equipment safety; and emergency preparedness.
AD-P3	Develop policy and write procedures to guide the intended operation of athletic training services within a health care facility.

AD-P4	Demonstrate the ability to access medical and health care information through electronic media.
AD-P5	Use appropriate terminology and medical documentation to record injuries and illnesses (e.g., history and examination findings, progress notes, and others).
AD-P6	Use appropriate terminology to effectively communicate both verbally and in writing with patients, physicians, colleagues, administrators, and parents or family members.
AD-P7	Use a comprehensive patient-file management system that incorporates both paper and electronic media for purposes of insurance records, billing, and risk management.
AD-P8	Develop operational and capital budgets based on a supply inventory and needs assessment.
PD-C1	Explain the role and function of state athletic training practice acts and registration, licensure, and certification agencies including (1) basic legislative processes for the implementation of practice acts, (2) rationale for state regulations that govern the practice of athletic training, and (3) consequences of violating federal and state regulatory acts.
PD-C2	Describe the process of attaining and maintaining national and state athletic training professional credentials.
PD-C3	Describe the current professional development requirements for the continuing education of athletic trainers and how to locate available, approved continuing education opportunities.
PD-C4	Describe the role and function of the governing structures of the National Athletic Trainers' Association.
PD-C5	Differentiate the essential documents of the national governing, certifying, and accrediting bodies, including, but not limited to, the Athletic Training Educational Competencies, Standards of Practice, Code of Ethics, Role Delineation Study, and the Standards for the Accreditation of Entry-Level Athletic Training Education Programs.

PD-C6	Summarize the position statements regarding the practice of athletic training.
PD-C7	Describe the role and function of the professional organizations and credentialing agencies that impact the athletic training profession.
PD-C8	Summarize the current requirements for the professional preparation of the athletic trainer.
PD-C9	Identify the objectives, scope of practice and professional activities of other health and medical organizations and professions and the roles and responsibilities of these professionals in providing services to patients.
PD-C10	Identify the issues and concerns regarding the health care of patients (e.g., public relations, third-party payment, and managed care).
PD-C11	Identify and access available educational materials and programs in health-related subject matter areas (audiovisual aids, pamphlets, newsletters, computers, software, workshops, and seminars).
PD-C12	Summarize the principles of planning and organizing workshops, seminars, and clinics in athletic training and sports medicine for health care personnel, administrators, other appropriate personnel, and the general public.
PD-C13	Describe and differentiate the types of quantitative and qualitative research and describe the components and process of scientific research (including statistical decision-making) as it relates to athletic training research.
PD-C14	Interpret the current research in athletic training and other related medical and health areas and apply the results to the daily practice of athletic training.
PD-C15	Identify the components of, and the techniques for constructing, a professional resume.

PD-C16	Summarize the history and development of the athletic training profession.
PD-C17	Describe the theories and techniques of interpersonal and cross-cultural communication among athletic trainers, patients, administrators, health care professionals, parents/guardians, and other appropriate personnel.
PD-P1	Collect and disseminate injury prevention and health care information to health care professionals, patients, parents/guardians, other appropriate personnel and the general public (e.g., team meetings, parents' nights, parent/teacher organization [PTO] meetings, booster club meetings, workshops, and seminars).
PD-P2	Access by various methods the public information policy-making and governing bodies used in the guidance and regulation of the profession of athletic training (including but not limited to state regulatory boards, NATA, BOC).
PD-P3	Develop and present material (oral, pamphlet/handout, written article, or other media type) for an athletic training-related topic.
PD-P4	Develop a research project (to include but not limited to case study, clinical research project, literature review) for an athletic training-related topic.

Other criteria used in measuring the delivery of the competencies and learning outcomes are competency/proficiency student evaluations (completed in the HS 255, 360, 361, & 460 clinical internships) and can also be measured by passing rates on the national exam (BOC exam - which is the only exam that certifies athletic trainers to practice). All but one student that have taken the BOC exam has passed. The national passing rate for 1st time BOC exam takers over the past year has been between ~ 38%. Marshall ATEP graduates that take the exam has had a first time passing rate ~33% (comparable to the national rate).

III. Assessment Activities (you may refer to the chart):

Assessment and Outcomes are also reviewed by CAATE. The following is the narrative explaining the ATEP assessment/outcomes as stated in the 2009 CAATE Self-study report from which the ATEP received continued accreditation.

The assessment tools used by the ATEP allow students to obtain individual written feedback at least twice during each clinical course from their ACI/CI. This allows students to individually address concerns they may have and be guided in their strengths and areas of improvement. This type of constructive feedback not only gives students direction, but prepares them for the real world employment evaluations and/or assessments of their work. Students also have the opportunity to evaluate their clinical sites, learning opportunities, and all ACI/CI (NOTE: Examples of completed evaluations are provided in H2 and H2.1). In the spring of 2007, the Marshall ATEP went to electronic program evaluations. This allowed for the evaluation survey to be truly anonymous for students to offer feedback to the program.

The ATEP obtains additional information regarding the quality of didactic and clinical instruction, student learning, and overall program effectiveness from surveying recent graduates of the program as well as their employers. Initial employer surveys are completed at the same time. The one year post undergraduate survey is the same survey graduating seniors complete as an ATEP assessment survey. The employer survey is designed to allow employers to assess how prepared our graduates are at the time of initial employment. The one year post undergraduate survey and the initial employer survey allows the ATEP to gain feedback on preparedness of students and curricular additions and deletions .

The following pages is the data from our ATEP assessments as it was submitted in our 2009 CAATE Self-study Report.

ATEP Assessment Summary

The following Chart is a summary of a 5 point Likert scale, with 5 equal to strongly agree and 1 equal to strongly disagree, for graduating seniors.

Graduating Seniors Survey Mean Scores			
	N	Mean	Std. Deviation
Q1= I feel that I have been adequately prepared to enter the workforce in athletic training?	11	**4.64**	**0.67**
Q2= I feel that the education program keeps current with trends in athletic training?	11	**4.55**	**0.52**
Q3= I feel that my clinical experiences at Marshall have helped me decide which aspect of athletic training I wish to practice?	11	**4.36**	**0.67**
Q4= I feel that my clinical experiences at Marshall were diverse covering many areas	11	**4.45**	**0.69**
Q5= I feel that the academic instructors keep current with athletic training trends?	11	**4.55**	**0.52**
Q6= I feel that the clinical instructors/supervisors keep current with athletic training trends?	11	**4.09**	**0.70**
Q7= My experience at MU has helped me with job placement?	11	**3.89**	**0.78**
Valid N (listwise) = 11			

The two scores that seem somewhat low from an assessment standpoint are questions 6 and 7. A future change in this question would be to separate the ATC supervisor from the non-ATC supervisors in question 6. This will allow for a more accurate reflection of how well practicing ATCs and other Allied Health professions keep up with athletic training practices/trends. Question 7 is misleading in that all but one of these graduates have either went to graduate school or the work force. Those that went to graduate school all have received graduate assistant positions. It seems that they do not consider a graduate assistant position a job, thus some have given a lower score to this question. This question will be changed to "job placement and/or a graduate assistant position."

Student written comments had some concerns. Most of which were related to on campus rotations and being used as "student workers" or "just sitting in the ATR waiting for injuries to come in." This has been addressed in several meetings with the new head athletic trainer. He supports the CAATE educational process and procedures and realizes that the athletic training students are placed for clinical experiences that offer educational experiences. He and the PD have discussed how to better facilitate the student's education while assigned their ACI/CI at the NCAA division 1-A level of athletics. These ideas directly address written student concerns. Other student concerns revolved around the fact that 2 of the 3 ATEP faculty took on release time for other duties (e.g. to chair the division of ESSR and to perform administrative tasks for online class development for the university). The ATEP PD who served as chair of the division has left the university and a job search is underway for a full time faculty to fill that job position. The division chair has been filled by another area's faculty member other than the ATEP faculty.

The ATEP faculty that is involved with other university administrative duties has moved to primarily serve as health faculty and a full time faculty search for the ATEP is underway to bring the ATEP to 2 full time faculty positions and 1 ATEP faculty position to fill the graduate athletic training needs. The graduate ATEP faculty will teach some grad/undergrad courses, thus assisting in the undergraduate ATEP. Another written comment that has lead to a strong effort on the part of the ATEP faculty is that comments were made that there was not enough advising toward graduate school and/or career decisions. The ATEP faculty have made it a priority to make a very strong effort to discuss this with each student multiple times each semester. This has shown to be a strength of the program as compared to comments made just a year or two ago. The final change in the ATEP is the addition of multiple off-campus sites that include allied health professionals other than athletic trainers. This has been a drastic change in the ATEP since the last site visit, in that the ATEP faculty have networked to include multiple disciplines of allied health clinical rotations.

There were many positive comments that lead the ATEP to believe it is moving in a positive direction at meeting its mission and goals in preparing students. You can see these comments in the full data report following this summary.

The following Chart is a summary of a 5 point Likert scale, with 5 equal to strongly agree and 1 equal to strongly disagree, for students that have been out of undergraduate education for one year.

1 Year Post Undergraduate Survey Descriptive Statistics			
	N	Mean	Std. Deviation
Q1= I feel that I have been adequately prepared to enter the workforce in athletic training?	11	5.00	0.00
Q2= I feel that the education program keeps current with trends in athletic training?	11	4.55	0.52
Q3= I feel that my clinical experiences at Marshall have helped me decide which aspect of athletic training I wish to practice?	11	4.45	0.69
Q4= I feel that my clinical experiences at Marshall were diverse covering many areas	11	4.36	0.92
Q5= I feel that the academic instructors keep current with athletic training trends?	11	4.73	0.47
Q6= I feel that the clinical instructors/supervisors keep current with athletic training trends?	11	4.45	0.52
Q7= My experience at MU has helped me with job placement?	11	4.40	0.70

Mean scores for this survey are relatively high and pleasing to the ATEP. Questions 6 & 7 seem a little low to the ATEP in comparison to other responses. Again, this could be due to the wording of question 6 and 7. Most are still in a GA position if in graduate school a year after undergraduate graduation. Even though both questions 6 & 7 are higher than the graduating senior survey, the ATEP believes that rewording the questions will reflect more accurate information with regard to clinical supervisors keep current with trends and a better description of job and/or graduate assistant placement.

Written comments of those that were out of school for one year showed some of the same

concerns as when they were preparing to graduate. One thing that was recommended is that more guest speakers be utilized in the classroom. This has taken place in that a minimum of 2-3 speakers will offer a workshop, lecture, or round-table discussion during clinical class meetings on Tuesday evenings. Additional guest speakers have been utilized in personal health, care of athletic injuries, health assessment, and other courses. The ATEP faculty have networked with an OBGYN to be a guest speaker and will continue to network to find physicians, therapists, nurses, and other allied health professionals to offer insight to students of their profession as it relates to athletic training. Another effort the ATEP faculty is in the beginning phases of is to bring in past graduates of the ATEP and have a "career" day to enlighten current ATEP students of how they are using athletic training in various settings.

The following Chart is a summary of a 5 point Likert scale, with 5 equal to strongly agree and 1 equal to strongly disagree, comparing means of the graduating senior survey and the 1 year post undergraduate survey.

Mean comparison of Exit survey vs 1-yr Post-graduation survey		
Survey question	Mean of Senior Exit survey	Mean of 1-year post-graduation
Q1= I feel that I have been adequately prepared to enter the workforce in athletic training?	**4.64**	**5.00**
Q2= I feel that the education program keeps current with trends in athletic training?	**4.55**	**4.55**
Q3= I feel that my clinical experiences at Marshall have helped me decide which aspect of athletic training I wish to practice?	**4.36**	**4.45**
Q4= I feel that my clinical experiences at Marshall were diverse covering many areas	**4.45**	**4.36**
Q5= I feel that the academic instructors keep current with athletic training trends?	**4.55**	**4.73**
Q6= I feel that the clinical instructors/supervisors keep current with athletic training trends?	**4.09**	**4.45**
Q7= My experience at MU has helped me with job placement?	**3.89**	**4.4**

With all but one question receiving higher scores (and one receiving the same) one year after graduation it seems that once practicing in a graduate assistant and/or full time job setting that respondents felt that they were very well prepared for practicing athletic training and that their

guidance through the educational experience toward the work force was accomplished well by the ATEP.

The following Chart is a summary of a 5 point Likert scale, with 5 equal to strongly agree and 1 equal to strongly disagree, of student evaluations of their clinical supervisors.

Student Evaluation of their ACI/CI - Descriptive Statistics			
No	**Please rank your Athletic Clinical Instructor**	**Mean**	**Std. Deviation**
1	Availability	4.28	0.85
2	Approachable	4.34	1.00
3	Shows Interest In Students	4.33	0.99
4	Offers Equal Opportunity Among Students	4.39	0.92
5	Encourages Me To Value Viewpoints Of Others	4.29	0.92
6	Encourages To Learn Ask Questions	4.37	0.94
7	Encourages Interest In Profession	4.50	0.85
8	Encourages Critical Thinking /Problem Solving	4.37	0.90
9	Encourages Self Expression	4.26	1.02
10	Encourages Individuality	4.28	0.99
11	Encourages Professional Conduct	4.47	0.87
12	Encourages Collaborative Learning	4.35	0.90
13	Provides A positive Learning Environment	4.26	1.09
14	Supportive Of The Academic Curriculum	4.33	1.00
15	Is Cooperative	4.41	0.98
16	Respects Divergent Viewpoints	4.33	0.95
17	Communicates Effectively	4.26	1.13
18	Effective In Teaching Clinical Skills	4.37	1.01
19	Overall Rating As A clinical Supervisor	4.33	0.96

It seems that overall that the ACI/CIs are doing a good job of interacting with students and are well thought of by students as positive mentors. The ATEP strives to seek qualified ACI/CIs as well as those that promote ethical practice and a love for their profession. One change to this evaluation tool now that it will be accomplished online, is that the ACI/CI names will be associated with the survey responses. The supervisor's names were asked of the students, but not included as part of the overall assessment data utilized. This will give better insight as to the interaction of the ACI/CI with the athletic training student.

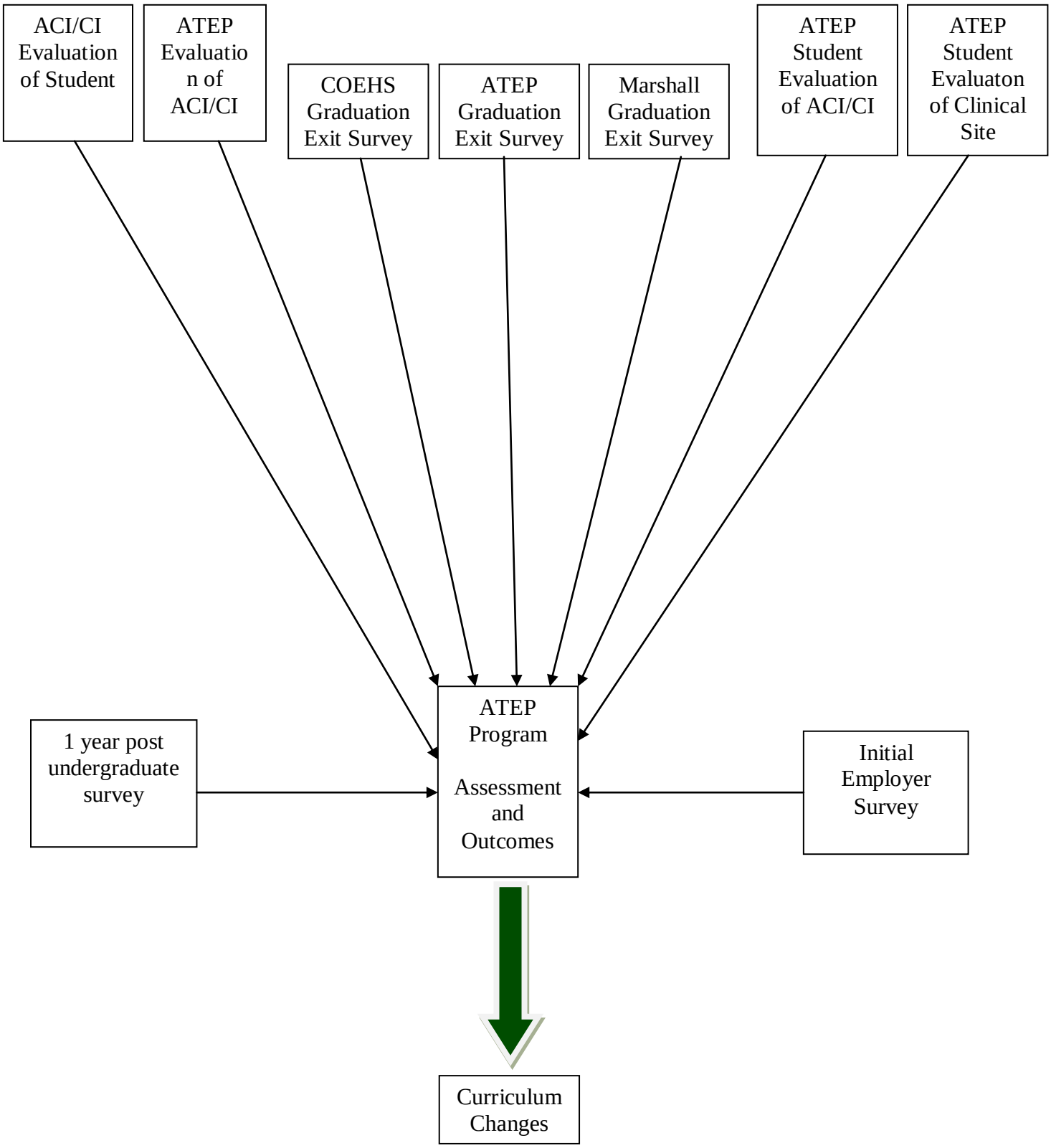
The following Chart is a summary of a 5 point Likert scale, with 5 equal to strongly agree and 1 equal to strongly disagree, of initial employer surveys.

Initial Employer Descriptive Statistics		
	Mean	**Std. Deviation**
My employee has been adequately prepared to enter the workforce in athletic training?	**5.0**	**0.00**
My employee was up to date with current trends in athletic training?	**4.7**	**0.58**
My employee was exposed to adequate clinical settings during their undergraduate?	**4.7**	**0.58**
My employee's experiences helped him/her with job placement?	**4.7**	**0.58**
My employee had a realistic idea of what athletic training is in the setting I hired him/her for?	**4.3**	**0.58**
I would hire another graduate from Marshall Universities AT Education Program?	**5.0**	**0.00**

Below is a summary of the Athletic Training Education Program evaluation tools currently used and reported to CAATE: (ACI – Approved Clinical Instructor; CI – Clinical Instructor)

	Frequency Completed	Who Completes This Form	Who Receives This Form (who it is turned into)	How Information from this Is Used by ATEP
ACI/CI Evaluation of Student	2 Times each Clinical Course	ACI/CI completes and signs and goes over evaluation with student	This form is turned into the ATEP faculty assigned that clinical experience course	This information is used to track progression of students at their clinical sites
ATEP Evaluation of ACI/CI	Randomly done when ATEP faculty completes a site visit (minimum one time per semester)	ATEP Faculty	ATEP PD	This information is used to help determine clinical site compliance to ATEP policies and procedures as well as assist in determining level of interaction between ACI/CI and athletic training students
ATEP Student Evaluation of ACI/CI	Completed once when student is finished with that clinical experience	Athletic training student enrolled in a clinical experience course	ATEP Faculty assigned to the clinical experience course	Used to gain students belief of how well their ACI/CI worked with them during their clinical experience. Assists in determining continuation of an ACI/CI
ATEP Student Evaluation of Clinical Site	Completed once when student is finished with that clinical experience	Athletic training student enrolled in a clinical experience course	ATEP Faculty assigned to the clinical experience course	Used to determine the clinical experience at a particular clinical site. Assists in determining continuation of placement at that site.
COEHS Graduation Exit Survey	Once when graduating	ATEP Student	COEHS	Will begin to use Spring 2009
ATEP Graduation Exit Survey	Once when graduating	ATEP Student	ATEP PD	Help determine if students perceive they have been prepared for the work force and to help determine if ATEP Mission and Goals are being met

Currently the assessment tools are as follows:



IV. Overview of changes implemented in your program this past year based on results and planned action specified in last year's report.

This is the first year for an annual report for the BS in Athletic Training. It was approved by the MU Board of Governors as a major in the June 2009 meeting.

V. Specify any changes/modifications made to your program based specifically on data obtained during Assessment Day Activities.

Assessment day activities in the past have been electronic surveys (results listed above). With the new BS in Athletic Training degree and 2 new faculty, the ATEP is developing an approach that will be informative and feasible to assess the outcomes/competencies of the program. The accrediting agency (CAATE) assesses the proscribed competencies during the self-study and site visit cycles and if any changes are made in the ATEP with regard to them, it must be stated in an annual report to the CAATE.

VI. Assistance Needed with Assessment: What assistance can the Office of Assessment give you to help improve your assessment program?

The ATEP faculty would be more than willing to sit down and plan a strategy of internal assessment on the numerous competencies the ATEP is required to teach.