

<p style="text-align: center;">CSU Degree Program Proposal Master of Science in Athletic Training</p>

1. Program Type

State-Support

Delivery Type: Fully face to face program

New Program

2. Program Identification

a. Campus:

California State University, Fresno

b. Full and exact degree designation and title (e.g. Master of Science in Genetic Counseling, Bachelor of Arts with a Major in History).

Master of Science in Athletic Training

c. Date the Board of Trustees approved adding this program projection to the campus Academic Plan.

3/10/2016

d. Term and academic year of intended implementation (e.g., fall 2017).

Fall 2020

e. Total number of units required for graduation. This will include all requirements (and campus-specific graduation requirements), not just major requirements.

60 units

f. Name of the department(s), division, or other unit of the campus that would offer the proposed degree major program. Please identify the unit that will have primary responsibility.

Department of Kinesiology

g. Name, title, and rank of the individual(s) primarily responsible for drafting the proposed degree major program.

Stephanie D. Moore, PhD, ATC, Athletic Training Program Director, Associate Professor

Scott R. Sailor, EdD, ATC, Department Chair, Professor

h. Statement from the appropriate campus administrative authority that the addition of this program supports the campus mission and will not impede the successful operation and growth of existing academic programs.

This program is transitioning an existing undergraduate degree program to a master's degree program. The existing degree program will discontinue at the point that the new degree program begins. It is not anticipated that this transition will impede the successful operation and growth of existing academic programs. Please see Appendix A.1 for a statement from Dr. Jody Hironaka-Juteau, Dean of the College of Health and Human Services.

- i. Any other campus approval documents that may apply (e.g. curriculum committee approvals).
See Appendix A.2
- j. Please specify whether this proposed program is subject to WASC Substantive Change review. The campus may submit a copy of the WASC Sub-Change proposal in lieu of this CSU proposal format. If campuses choose to submit the WASC Substantive Change Proposal, they will also be required to submit a program assessment plan using the format found in the CSU program proposal template.
The program is not subject to WASC Substantive Change review, per communication with Dr. James Marshall and Dr. Dennis Nef on September 28, 2016.
- k. Optional: Proposed Classification of Instructional Programs and CSU Degree Program Code –
08375 - A program that prepares individuals to work in consultation with, and under the supervision of physicians to prevent and treat sports injuries and associated conditions. Includes instruction in the identification, evaluation, and treatment of athletic injuries and illnesses; first aid and emergency care; therapeutic exercise; anatomy and physiology; exercise physiology; kinesiology and biomechanics; nutrition; sports psychology; personal and community health; knowledge of various sports and their biomechanical and physiological demands; and applicable professional standards and regulations.
CIP Code - 51.0913

3. Program Overview and Rationale

- a. Provide a rationale, including a brief description of the program, its purpose and strengths, fit with institutional mission, and a justification for offering the program at this time. A comprehensive rationale also explains the relationship between the program philosophy, design, target population, and any distinctive pedagogical methods.

This proposal is to create a Master of Science in Athletic Training which would replace the current Bachelor of Science in Athletic Training. The current bachelor's degree program requires a minimum of 120 semester units. The Athletic Training Program requires four semesters of athletic training and other required courses in addition to the required prerequisite courses. This program is accredited by the Commission on Accreditation of Athletic Training Education (CAATE). Only graduates of accredited programs are eligible to sit for the

national certification examination administered by the Board of Certification, Inc. This national exam serves as a nearly exclusive pathway into the profession of Athletic Training.

Recently CAATE modified standards related to athletic training education. Standard 2 now states CAATE accredited professional athletic training programs must result in the granting of a master's degree in Athletic Training. The program must be identified as an academic athletic training degree in institutional academic publications. The degree must appear on the official transcript similar to normal designations for other degrees at the institution. (Timeline for Compliance with Standard 2: Baccalaureate programs may not admit, enroll, or matriculate students into the athletic training program after the start of the fall term 2022)

This program directly addresses several components of the campus mission. As a professional program, it will advance our established distinction in liberal arts and sciences, professional programs, and community engagement. Faculty and students in this program will continue to produce transformative scholarly research and creative works that target regional issues with global significance. History shows us that this program has helped to develop institutional, community, and intellectual leaders.

Based on the 2016-2022 Strategic Plan, Strategic Priority One calls for the campus to "Enhance teaching and learning through best practices, innovative programs, and high-impact experiences that attract talented and diverse students and contribute to retention, extraordinary learning, the development of the whole student, and lifelong success." This program addresses this strategy directly. It will result in a program accessible to the students of California, which currently is only available at private universities in California. It will also continue development of health care professionals to address the needs of the citizens of this region as well as throughout the State.

- b. Provide the proposed catalog description, including program description, degree requirements, and admission requirements. For master's degrees, please also include catalog copy describing the culminating experience requirement(s).

See Appendix B – Catalog Description

- 4. **Curriculum** – (These requirements conform to the revised 2013 WASC Handbook of Accreditation))

- a. **Required Proposal Elements**

- i. **Institutional Learning Outcomes (ILO)**

- 1. Students who graduate from California State University, Fresno will demonstrate the importance of discovery, diversity, and distinction by

- a. *developing a foundational, broad and integrative knowledge of critical components of the humanities, the arts, the sciences, and social sciences, and their*

integration with their major field of study. Students will consolidate learning from different fields and explore the concepts and questions that bridge those essential areas of learning. Graduate students will articulate the significance, implications and challenges within their field in a societal and global context. In fields in which interdisciplinary is fundamental, graduate students will further draw from the perspectives of other domains of inquiry/practice so as to better assess a problem and offer solutions to it.

- b. *acquiring specialized knowledge* as identified by program learning outcomes in their major field, students will demonstrate expertise in a specialized area of study, including integration of ideas, methods, theory and practice. Graduate students will demonstrate further mastery of the field's theories, research methods, and approaches to inquiry. They will also show the ability to assess major contributions to the field, as well as expand on those contributions through empirical research or aesthetic exploration.
- c. *improving intellectual skills* including critical thinking, effective oral and written communication, information competency, and quantitative reasoning, students will demonstrate fluency via application of these skills to everyday problems and complex challenges. Graduate students will hone these skills further, demonstrating coherent arguments, analysis, insight, creativity, and acumen as they address local, regional, and global issues in their respective fields of study.
- d. *applying knowledge* by integrating theory, practice, and problem-solving to address real world issues using both individual and team approaches, students will apply their knowledge in a project, paper, exhibit, performance, or other appropriate demonstration that links knowledge and skills acquired at the university with those from other areas of their lives. Graduate students will integrate knowledge and skills from coursework, practicum, and research to address critical issues in their field and demonstrate advanced application of knowledge through a culminating experience that validates, challenges, and/or expands the profession's body of knowledge.
- e. *exemplifying equity, ethics and engagement.* Students will form and effectively communicate their own evidence-based and reasoned views on public issues, interact with others to address social, environmental

and economic challenges, apply knowledge of diversity and cultural competencies to promote equity and social justice in the classroom and the community, value the complexity of ethical decision making in a diverse society, acknowledge the importance of standards of academic and professional integrity, and demonstrate honesty, tolerance, and civility in social and academic interactions. Building upon this at the graduate level, students will apply these values in the creation of scholarly and/or aesthetic works that enrich the human experience.

ii. Program learning outcomes (PLOs)

- 1. A: Students will demonstrate the patient care skills necessary to prevent, identify, assess, treat, rehabilitate physical and psychological conditions.**
- 2. B: Students will demonstrate evidence based decision-making and critical thinking skills through both written and oral communication.**
- 3. C: Students will demonstrate the professional and administrative skills necessary to be a successful Athletic Trainer.**

iii. Student learning outcomes (SLOs)

- 1. A1: Students will identify general medical conditions and implement appropriate care to various populations.**
- 2. A2: Students will prevent, identify, assess, treat, and rehabilitate neurovascular, musculoskeletal, and other systemic conditions.**
- 3. A3: Students will identify substance abuse and mental health disorders, apply psychosocial interventions, and when appropriate refer to an appropriate health care provider.**
- 4. A4: Students will make appropriate return to participation decisions based on individualized objective outcome measures.**
- 5. B1: Students will critically appraise clinically relevant research and statistical findings.**
- 6. B2: Students will incorporate evidence in the clinical decision-making process and employ evidence based practices to improve patient outcomes.**
- 7. B3: Students will disseminate research findings using both oral and written communication.**
- 8. C1: Students will demonstrate effective interprofessional and cross-cultural communication with diverse populations including Service-Learning experiences.**
- 9. C2: Students will act in a professionally responsible manner that upholds legal and ethical standards.**

10. C3: Students will manage health care administrative duties successfully.
11. C4: Students will engage in professional development required for athletic trainers and activities that advance the profession.

iv. Course Learning Outcomes

1. Athletic Training Education is subject to extensive accreditation requirements that dictate our course learning outcomes. Please see Appendix C for the list of all course learning outcomes and the course in which each is evaluated.

- b. Comprehensive assessment plan addressing all assessment elements;

The table included below identifies which SLOs align with each ILO. The first ILO (a. developing a foundational, broad and integrative knowledge) is not included in the table as students are expected to have this completed prior to admission to the MSAT program. The required pre-requisite courses are outlined in Section 4k below, and will require students to have foundational knowledge upon entering MSAT program.

Please see Appendix D (SOAP) for comprehensive assessment plan including assessment matrices.

ILO x SLO Matrix

ILO	A1	A2	A3	A4	B1	B2	B3	C1	C2	C3	C4
b. acquiring specialized knowledge	x	x	x	x				x	x	x	x
c. improving intellectual skills					x	x	x	x			
d. applying knowledge	x	x	x	x							
e. exemplifying equity, ethics, and engagement								x	x		

- c. Indicate total number of units required for graduation. **60 units**
- d. Include a justification for any baccalaureate program that requires more than 120-semester units or 180-quarter units. Programs proposed at more than 120 semester units will have to provide either a Title 5 justification for the higher units or a campus-approved request for an exception to the Title 5 unit limit for this kind of baccalaureate program. **N/A**
- e. If any formal options, concentrations, or special emphases are planned under the proposed major, identify and list the required courses. Optional: You may propose a CSU degree program code and CIP code for each concentration that you would like to report separately from the major program. **N/A**
- f. List all requirements for graduation, including electives, for the proposed degree program, specifying course catalog numbers, course titles, total units required for

completion of the degree, major requirements, electives, and prerequisites or co-requisites (ensuring there are no “hidden prerequisites that would drive the total units required to graduate beyond the total reported in 4c above). Include proposed catalog descriptions of all new courses.

See Appendix B for requirements for graduation & Appendix E for proposed catalog descriptions of all new courses.

(WASC 2013 CFR: 2.1, 2.2)

- g. List any new courses that are: (1) needed to initiate the program or (2) needed during the first two years after implementation. Include proposed catalog descriptions for new courses. For graduate program proposals, identify whether each new course would be at the graduate-level or undergraduate-level.

See Appendix E for proposed catalog descriptions for new courses. All courses in the MSAT are at the graduate-level.

- h. Attach a proposed course-offering plan for the first three years of program implementation, indicating likely faculty teaching assignments.

See Appendix F – Course offerings for first 3 years

- i. For master’s degree proposals, include evidence that program requirements conform to the minimum requirements for the culminating experience, as specified in Section 40510 of Title 5 of the California Code of Regulations.

See Appendix G – MSAT Culminating Experience Guidelines

- j. For graduate degree proposals, cite the corresponding bachelor’s program and specify whether it is (a) subject to accreditation and (b) currently accredited.

The current undergraduate program is accredited by the Commission for the Accreditation of Athletic Training Education; the MSAT will replace the current BSAT.

- k. For graduate degree programs, specify admission criteria, including any prerequisite coursework.

Admission to the program requires the student to: (a) apply for University graduate student status; (b) earn GRE scores of 150 (V) and 141 (Q) or earn a MAT score of 399 or higher; (c) have an undergraduate GPA of at least 3.0; the Kinesiology Department prefers a 3.0; (d) document 100 hours of observation with a Certified Athletic Trainer; and (e) earn a C or better and 3.0 GPA in the following pre-requisite courses:

- i. Biology w/ lab (BIOL 10 or BIOL 1A)
- ii. Chemistry w/ lab (CHEM 3A)
- iii. Physics w/ lab (PHYS 2A)
- iv. 2 semesters of Anatomy & Physiology w/ Lab (BIOL 67A & 67B)
- v. General Psychology (PSYCH 10) or Sport Psychology (KINES 33)
- vi. Biomechanics (KINES 116)
- vii. Exercise Physiology (KINES 118)

- viii. Nutrition (NUTR 53) or Fitness & Wellness (KINES 163)
- ix. Statistics (PH 92)
- x. Introduction to Athletic Training (KINES 38)
- xi. Preliminary lab in AT (KINES 43)
- xii. First Aid & CPR (PH 48 or 49) or current emergency cardiac care (ECC) card*

***ECC certification must include all of the following: Adult & Pediatric CPR, AED, 2nd Rescuer CPR, Airway Obstruction, Barrier Devices (e.g., pocket mask, bag valve mask).**

- l. For graduate degree programs, specify criteria for student continuation in the program.

A 3.0 GPA must be continuously maintained in the Master's Program. Failure to maintain a 3.0 GPA will result in academic probation. A student who is on academic probation for any two semesters, will be disqualified from the program. A student who is academically disqualified can appeal by completing the Petition for Readmission of Disqualified Graduate Student found on the Division of Graduate Studies web site. As part of this process, the student must also attach a one-page typed and signed appeal explaining the circumstances for the GPA and the plan to meet the required GPA of 3.0. The student must provide a rationale explaining the causes of the academic difficulties and how he or she will resolve these difficulties. The student should indicate anything else that would be helpful when considering the appeal request, including supportive documentation. These documents should be submitted to the Graduate Program Coordinator for review at the next Graduate Faculty meeting. Students are reminded that faculty are not obligated to be on campus during the summer, winter and spring breaks and that submitting documentation around this time could delay the petition process.

- m. For undergraduate programs, specify planned provisions for articulation of the proposed major with community college programs.

N/A

- n. Provide an advising "roadmap" developed for the major.

Due to the cohort approach, all students will take the same classes in the same sequence. Please see Appendix H for the course sequence.

- o. Describe how accreditation requirements will be met, if applicable, and anticipated date of accreditation request (including the WASC Substantive Change process).

We just completed a comprehensive review and site visit by the Commission on Accreditation of Athletic Training Education (CAATE) in 2017-17 and received 5 years of accreditation. With the proposal of the MS in AT program, we will seek accreditation as a new program. CAATE procedures require all courses to have been taught or be in-progress at the time of the site visit. Therefore, with a

projected program start of Fall 2020, the self-study would be due July 2021 and the site visit would occur Spring 2022. WASC Substantive Change process does not apply as described in 2j above.

5. Societal and Public Need for the Proposed Degree Major Program

- a. List other California State University campuses currently offering or projecting the proposed degree major program; list neighboring institutions, public and private, currently offering the proposed degree major program.

Please see the table below for the CAATE accredited Professional Athletic Training programs in California.

INSTITUTION	STATE	TYPE	PROGRAM STATUS	DEGREE
AZUSA PACIFIC UNIVERSITY	CA	Professional	Active - in good standing	Masters
CALIFORNIA BAPTIST UNIVERSITY	CA	Professional	Active - in good standing	Masters
CALIFORNIA STATE UNIVERSITY - FRESNO	CA	Professional	Active - in good standing	Bachelor
CALIFORNIA STATE UNIVERSITY - FULLERTON	CA	Professional	Active - in good standing	Bachelor
CALIFORNIA STATE UNIVERSITY - LONG BEACH	CA	Professional	Active - in good standing	Bachelor
CALIFORNIA STATE UNIVERSITY - NORTHRIDGE	CA	Professional	Active - in good standing	Bachelor
CALIFORNIA STATE UNIVERSITY - SACRAMENTO	CA	Professional	Active - in good standing	Bachelor
CHAPMAN UNIVERSITY	CA	Professional	Active - in good standing	Masters
CONCORDIA UNIVERSITY - IRVINE	CA	Professional	Active - in good standing	Bachelor
LOYOLA MARYMOUNT UNIVERSITY	CA	Professional	Voluntarily withdrawing accreditation	Bachelor
POINT LOMA NAZARENE UNIVERSITY	CA	Professional	Active - in good standing	Bachelor
SAN DIEGO STATE UNIVERSITY	CA	Professional	Active - in good standing	Bachelor
SAN JOSE STATE UNIVERSITY	CA	Professional	Active - in good standing	Bachelor
UNIVERSITY OF LAVERNE	CA	Professional	Active - in good standing	Bachelor
UNIVERSITY OF THE PACIFIC	CA	Professional	Active - in good standing	Bachelor

- b. Describe differences between the proposed program and programs listed in Section 5a above.

There are currently no Professional Athletic Training programs offered at the Master's degree level in the CSU system. Also, no UC system schools offer Athletic Training degree programs.

The neighboring institutions that offer Professional Athletic Training degree programs are California State University – Sacramento, San Jose State University, and University of the Pacific. Currently all three neighboring institutions are offering the Professional Athletic Training degree at the Bachelor's level.

- c. List other curricula currently offered by the campus that are closely related to the proposed program.

With elimination of the existing BS in Athletic Training program, there are no other curricula offered by California State University, Fresno that will allow students to be eligible to sit for the Board of Certification Examination, which is required to become a Certified Athletic Trainer.

- d. Describe community participation, if any, in the planning process. This may include prospective employers of graduates.

Several meetings have been held involving alumni, employers, clinical preceptors, and clinical site liaisons to gain feedback on the proposed program. Feedback was used in the creation of the curriculum.

- e. Provide applicable workforce demand projections and other relevant data.
As people become more aware of the risks of sport participation, the demand for Athletic Trainers is expected to grow. In 2016, there were 27,800 jobs in Athletic Training compared to 25,400 jobs in 2014. Employment of ATs is projected to grow 23% from 2016 to 2026, much faster than the average for all occupations. 6,300 new jobs are expected to be created by 2026.

<http://www.bls.gov/ooh/healthcare/athletic-trainers.htm>, last accessed September 24, 2018

6. Student Demand

- a. Provide compelling evidence of student interest in enrolling in the proposed program. Types of evidence vary and may include (for example), national, statewide, and professional employment forecasts and surveys; petitions; lists of related associate degree programs at feeder community colleges; reports from community college transfer centers; and enrollments from feeder baccalaureate programs.

Employment forecasts are described in section 5e above.

The proposed Master of Science in Athletic Training program will replace the current Bachelor of Science in Athletic Training. As one of only two impacted programs at California State University, Fresno, the BS in Athletic Training has had consistently high application and enrollment numbers. Each year we receive approximately 40-60 applications for the BS in Athletic Training program. Due to classroom and clinical site availability, the program can accept a maximum of 24 students each year. The maximum cohort size of 24 will remain in effect for the MS in Athletic Training.

Higher application numbers are expected due to a greater number of feeder schools that will now include Bachelor granting universities such as Fresno Pacific University, UC Merced, California State University, Bakersfield, and California Polytechnic State University, San Luis Obispo.

We have received BS in Athletic Training transfer students from the majority of the Local Area community colleges in the California State University, Fresno service area:

- **Allan Hancock College**
- **Clovis Community College**
- **College of the Sequoias**
- **Fresno City College**
- **Hartnell Community College**
- **Merced College**
- **Modesto Junior College**
- **Porterville College**
- **Reedley College**
- **West Hills Community College**
- **West Hills College-Lemoore**

Additionally, during the last three years we have had students transfer from the following community colleges outside the Service Area:

- **Butte College**
- **College of the Canyons**
- **Diablo Valley College**
- **Glendale Community College**
- **Riverside City College**
- **Moorpark College**

- b. Identify how issues of diversity and access to the university were considered when planning this program. Describe what steps the program will take to insure ALL prospective candidates have equitable access to the program. This description may include recruitment strategies and any other techniques to insure a diverse and qualified candidate pool.

We have a history of diverse student representation in the BS in Athletic Training and embrace the opportunity to see this continue this in our MS in AT admission process. Our current BS in Athletic Training students demonstrate a diverse candidate pool. Our current students are made up of the following
52% of our students are female
68% of our students are Hispanic/Latino/a
46% of our students are bilingual

- c. For master's degree proposals, cite the number of declared undergraduate majors and the degree production over the preceding three years for the corresponding baccalaureate program, if there is one.
- **2018-2019: 32 declared majors – 32 in program (11 juniors, 21 seniors; 21 expected graduates)**

- 2017-2018: 40 declared majors – 40 in program (22 juniors, 18 seniors; 18 expected graduates)
- 2016-2017: 40 declared majors – 40 in program (24 juniors, 16 seniors; 16 expected graduates)

The creation of the Pre-AT led to a decrease in the number of students listed as Athletic Training but a tremendous increase in the number of pre-Athletic Training students. We anticipate drawing from this pool of students once this master's degree program begins. Once the MSAT begins, we will eliminate the Pre-AT major as it does not lead to a degree. We have begun advising Pre-AT students to change into Kinesiology-Exercise Science which will allow them to complete the necessary prerequisite coursework for the MSAT. Below is listed the number of Pre-AT majors over the past four years. As of 9/24/2018, all Pre-AT majors were moved to Kinesiology – Exercise Science.

2018-2019: Pre-AT major discontinued, all moved to Kinesiology - Exercise Science

2017-2018: 142 declared Pre-AT majors

2016-2017: 199 declared Pre-AT majors

- d. Describe professional uses of the proposed degree program.

The proposed degree program will allow students to be eligible to sit for the Board of Certification Examination, which is required to become a Certified Athletic Trainer. Certified Athletic Trainers are hired to work in the following settings:

- Public and private secondary schools, colleges and universities, professional and Olympic sports
- Youth leagues, municipal and independently owned youth sports facilities
- Physician offices as physician extenders, similar to nurses, physician assistants, physical therapists and other professional clinical personnel
- Rural and urban hospitals, hospital emergency rooms, urgent and ambulatory care centers
- Clinics with specialties in sports medicine, cardiac rehab, medical fitness, wellness and physical therapy
- Occupational health departments in commercial settings, which include manufacturing, distribution and offices to assist with ergonomics
- Police and fire departments and academies, municipal departments, branches of the military
- Performing arts including professional and collegiate level dance and music

From <http://www.nata.org/about/athletic-training/job-settings>. Last Accessed September 24, 2018.

- e. Specify the expected number of majors in the initial year, and three years and five years thereafter. Specify the expected number of graduates in the initial year, and three years and five years thereafter.

AY	Majors	Graduates
2020-21	20	0*
2021-22	44	20
2022-23(Year 3)	48	24
2025-26 (Year 5)	48	24

*First year of a two-year program

7. Existing Support Resources for the Proposed Degree Major Program

Note: Sections 7 and 8 should be prepared in consultation with the campus administrators responsible for faculty staffing and instructional facilities allocation and planning. A statement from the responsible administrator(s) should be attached to the proposal assuring that such consultation has taken place.

Please see Appendix A.1 for a statement from Dr. Jody Hironaka-Juteau, Dean of the College of Health and Human Services.

- a. List faculty who would teach in the program, indicating rank, appointment status, highest degree earned, date and field of highest degree, professional experience, and affiliations with other campus programs. Note: For all proposed graduate degree programs, there must be a minimum of five full-time faculty members with the appropriate terminal degree. (Coded Memo EP&R 85-20)

Please see Appendix I for Faculty Qualifications. The seven faculty members listed in Appendix I include four core AT faculty and three associated faculty. Our accreditor, the CAATE, defines core AT faculty as individuals who are appointed to teach athletic training courses, advise, and mentor students in the athletic training program, while associated faculty also teach in another program. These faculty will be sufficient for the new program with the following considerations:

- 1. Three of the four current core AT faculty have terminal degrees and are tenured/tenure-track.**
- 2. The fourth core AT faculty is a part-time temporary lecturer currently teaching in AT, Brittany Clason. She is currently pursuing a terminal degree with projected completion of Spring 2021.**
- 3. Scott Sailor's current term as department chair end Spring 2021, a position for which he currently receives 9 WTU release/semester.**
- 4. Dr. John McMillen (Sport Administration), Dr. Luke Pryor**

(Exercise Science), and Dr. Dawn Lewis (Sport Psychology) will be able to teach limited course content in their areas of expertise but the majority of the courses require athletic training specific subject expertise.

- b. Describe facilities that would be used in support of the proposed program.

North Gym 125: Laboratory classroom space with 12 treatment plinths, taping bench, 24 stools, 5 televisions and smart classroom system.

North Gym 125A: Hydrotherapy room containing sink, commercial ice machine, and whirlpool tub.

North Gym 126: Laboratory classroom space with 6 treatment plinths and open space for rehabilitation.

North Gym 126B: Conference room/library

North Gym 126D: Mock physician office with treatment table and evaluation equipment

South Gym 139: Human Performance Lab. Laboratory classroom space with desks, projector, and lab equipment for exercise testing (e.g., metabolic cart, Biodex isokinetic machine, cycle ergometers).

The tables below illustrate that all proposed courses can be offered in our current facility, NG 125, with the exception of one course in the spring semester, AT 244, which would need to be scheduled in a lecture classroom such as North Gym 160.

Master of Science in Athletic Training Program Proposal					
Course Schedule					
<i>Unless otherwise indicated below, all courses will be held in NG 125/126</i>					
Time	Fall Semester				
	Monday	Tuesday	Wednesday	Thursday	Friday
8:00					
9:00					AT 238
10:00					
11:00	AT 212	AT 216	AT 212	AT 204	AT 212
12:00		AT 212		AT 212	
1:00		AT 296S		AT 296S	
2:00	AT 234		AT 234		AT 232
3:00					
4:00		AT 232		AT 232	
5:00					

Time	Spring Semester				
	Monday	Tuesday	Wednesday	Thursday	Friday
	NG 125		NG 160 or similar	NG 125	NG 160 or similar
8:00					
9:00					AT 228
10:00		AT 226			
11:00	AT 222		AT 244		AT 222
12:00				AT 244	
1:00		AT 297S		AT 297S	
2:00	AT 242		AT 242		AT 242
3:00	AT 248		AT 248		
4:00					
5:00					

- c. Provide evidence that the institution provides adequate access to both electronic and physical library and learning resources.

Please see Appendix J for report from Librarian Jane Magee

- d. Describe available academic technology, equipment, and other specialized materials. **Our current facility, North Gym 125, was remodeled in 2015 to include five monitors that can be connected to using HDMI and/or Apple AirPlay. The facility also includes a video recording system that will allow students to record themselves demonstrating clinical skills and students and/or faculty can watch them back at a later time. The current BS in Athletic Training program has multiple courses that are identified as DISCOVERe courses. All faculty and current students are trained to use tablets to increase student comprehension. Our proposed MS in Athletic Training curriculum will also utilize DISCOVERe resources.**

8. Additional Support Resources Required

Note: If additional support resources will be needed to implement and maintain the program, a statement by the responsible administrator(s) should be attached to the proposal assuring that such resources will be provided.

Please see Appendix A.1 for a statement from Dr. Jody Hironaka-Juteau, Dean of the College of Health and Human Services

- a. Describe additional faculty or staff support positions needed to implement the proposed program.

With such a large increase in the number of students applying to graduate degrees in the Department of Kinesiology, it is anticipated that additional staff support will be necessary to assist the Graduate Coordinator, Dr. Jenelle Gilbert, in managing this increased number of students.

- b. Describe the amount of additional lecture and/or laboratory space required to initiate and to sustain the program over the next five years. Indicate any additional special

facilities that will be required. If the space is under construction, what is the projected occupancy date? If the space is planned, indicate campus-wide priority of the facility, capital outlay program priority, and projected date of occupancy. Major capital outlay construction projects are those projects whose total cost is \$610,000 or more (as adjusted pursuant to Cal. Pub. Cont. Code §§ 10705(a); 10105 and 10108).

Section 7b above describes the current laboratory and classroom space, which is adequate to initiate and sustain the program.

- c. Include a report written in consultation with the campus librarian which indicates any necessary library resources not available through the CSU library system. Indicate the commitment of the campus to purchase these additional resources.

The current resources described in Appendix J meet the needs of this program.

- d. Indicate additional academic technology, equipment, or specialized materials that will be (1) needed to implement the program, and (2) needed during the first two years after initiation. Indicate the source of funds and priority to secure these resource needs.

There are no additional needs beyond the current technology, equipment, and materials described in Section 7.

Submit completed proposal packages to:

APP@calstate.edu

Academic Programs and Faculty Development
CSU Office of the Chancellor
401 Golden Shore
Long Beach, CA 90802-4210

Contact Us

Dr. Christine Mallon
Assistant Vice Chancellor
Academic Programs and Faculty Development
Phone (562) 951-4672
Fax (562) 951-4982
cmallon@calstate.edu

Academic Programs and Faculty Development is on the Web <http://www.calstate.edu/APP/>

Contact Extended Education

Dr. Sheila Thomas, Assistant Vice Chancellor and Dean, Extended Education
Phone (562) 951-4795
Fax (562) 951-4982
stthomas@calstate.edu

List of Appendices

Appendix A – (A.1) Statement from Dr. Jody Hironaka-Juteau, Dean of the College of Health and Human Services; (A.2) Campus Approval Documents

Appendix B – Proposed catalog description, including program description, degree requirements, and admission requirements.

Appendix C – Competency Course Matrix

Appendix D – SOAP

Appendix E – Catalog Copy

Appendix F – Course offerings in first three years of program

Appendix G – Culminating Experience guidelines

Appendix H – Course Sequence

Appendix I – Faculty Qualifications

Appendix J – Report from Librarian Jane Magee

November 15, 2018

TO: Marilyn Wilson, Chair
University Graduate Curriculum Committee

James Marshall, Dean
Division of Research and Graduate Studies

FROM: Jody Hironaka-Juteau, Dean
College of Health and Human Services 

RE: Master of Science in Athletic Training Program Proposal

The purpose of this memo is to convey my support of the Master of Science in Athletic Training program proposal.

The Athletic Training Program has been offered by California State University, Fresno for several decades starting with its first approval in the early 1980's. Since that time, this program has produced hundreds of alumni who have gone on to serve as health care providers throughout this region as well as various positions around the world.

On May 20, 2015, the Strategic Alliance for Athletic Training made the decision that professional athletic training programs accredited by the Commission on the Accreditation of Athletic Training Education (CAATE) must result in the granting of a master's degree in Athletic Training. The program must be identified as an academic athletic training degree in institutional academic publications. Baccalaureate programs may not admit, enroll, or matriculate students into the athletic training program after the start of the fall term 2022.

The College of Health and Human Services still recognizes the important role this university plays in providing for qualified athletic trainers necessary to address the health care needs of this region. This program supports the mission of the university in that it "provides a transformative educational experience that prepares students to serve and to lead in the Central Valley, the state, and beyond." We envision continued and even greater success with transitioning this program to the graduate level.

Because we will be discontinuing the baccalaureate degree in Athletic Training and replacing it with the Master's Degree in Athletic Training, this proposed program will not impede the successful operation and growth of existing academic programs.

I have met with the program administration and reviewed the resources that are in place currently for the Bachelor of Science in Athletic Training and compared that to the resources necessary for the proposed Master's of Science in Athletic Training. We believe we have adequate faculty with appropriate areas of expertise to deliver this program. The CAATE 2020 Standards require three "core faculty" who are appointed to teach athletic training courses, advise, and mentor students in the athletic training program. We currently meet this standard.

North Gym 125 and 116 were remodeled a couple of years ago to provide appropriate space for delivery of the undergraduate program. These facilities will be sufficient for delivery of the proposed graduate program.

The Henry Madden Library faculty have been consulted and believe we have appropriate access to materials necessary for offering this program at the graduate level. We are very fortunate to have tremendous support from the library and this support will contribute to continued success with this transition to the graduate level.

The only area where it appears additional support may be necessary is in clerical support for the graduate coordinator. We will work to ensure the department has student and/or graduate assistant support to address the increased number of graduate students.

Should you require additional information, please contact me at 278-4004.

Appendix A.2

Campus approval documents that may apply to this program proposal.

Please see curriculum committee approvals for each course provided with the syllabi attached to this proposal.

Appendix B – Proposed catalog description, including program description, degree requirements, and admission requirements. For master's degrees, please also include catalog copy describing the culminating experience requirement(s)

1. Catalog Description

a. Program Description

The Master of Science in Athletic Training is designed for students with professional goals in athletic training. The program is accredited by the Commission on Accreditation of Athletic Training Education (CAATE). Students completing the program will be eligible to sit for the Board of Certification exam to become a Certified Athletic Trainer (ATC). The program has high academic and performance standards that include completion of a two-year competency-based clinical education program.

b. Degree Requirements

i. Didactic Coursework (36 Units)

1. AT 202 – Foundations of Athletic Training	1
2. AT 204 – Documentation & Medical Terminology	1
3. AT 212 – Integrated Principles of Athletic Training I	8
4. AT 216 – Research Methods in Athletic Training I	2
5. AT 222 – Integrated Principles of Athletic Training II	6
6. AT 224 – General Medical Conditions & Pharmacology	2
7. AT 226 – Research Methods in Athletic Training II	2
8. AT 228 – Policies & Procedures in Athletic Training	2
9. AT 232 – Integrated Principles of Athletic Training III	3
10. AT 234 – Catastrophic Injury in Athletic Training	2
11. AT 238 – BOC Exam Prep Seminar	1
12. AT 242 – Screening Assessment & Injury Prevention	2
13. AT 244 – Psychosocial Aspects of Injury & Rehabilitation	2
14. AT 248 – Professional Practice in Athletic Training	2

ii. Clinical Practica (18 units)

1. AT 251 – Clinical Practicum I	3
2. AT 252 – Clinical Practicum II	3
3. AT 253 – Clinical Practicum III	6
4. AT 254 – Clinical Practicum IV	6

iii. Culminating Experiences (Select 1)

6

1. Comprehensive Examination, plus AT 296S & AT 297S
2. AT 298 (Project)
3. AT 299 (Thesis)

iv. TOTAL NUMBER OF UNITS 60

c. Admission Requirements

- i. Admission to the program requires the student to: (a) apply for University graduate student status; (b) earn GRE scores of 150 (V) and 141 (Q) or earn a MAT score of 399 or higher; (c) have an undergraduate GPA of at least 3.0; (d) document 100 hours of observation with a Certified Athletic Trainer; and (e) earn a C or better and 3.0 GPA in the following pre-requisite courses:

1. Biology w/ lab (BIOL 10 or BIOL 1A)
2. Chemistry w/ lab (CHEM 3A)
3. Physics w/ lab (PHYS 2A)
4. 2 semesters of Anatomy & Physiology w/ Lab (BIOL 67A & 67B)
5. General Psychology (PSYCH 10) or Sport Psychology (KINES 33)
6. Biomechanics (KINES 116)
7. Exercise Physiology (KINES 118)
8. Nutrition (NUTR 53) or Fitness & Wellness (KINES 163)
9. Statistics (PH 92)
10. Introduction to Athletic Training (KINES 38)
11. Preliminary lab in AT (KINES 43)
12. First Aid & CPR (PH 48 or 49) or current emergency cardiac care (ECC) card*

*ECC certification must include all of the following: Adult & Pediatric CPR, AED, 2nd Rescuer CPR, Airway Obstruction, Barrier Devices (e.g., pocket mask, bag valve mask).

d. Culminating Experience Requirements

- i. The student must select an appropriate culminating experience within the selected course of study. The following culminating experiences are offered. NOTE: Students must be Advanced to Candidacy prior to enrolling in AT 298 (Project) or AT 299 (Thesis).
 1. Comprehensive Exam, plus AT 296S & AT 297S
 2. Project
 3. Thesis
- ii. Students who choose to complete a thesis or project must do so under the guidance of a thesis chair or project advisor who agrees to supervise the work.

California State University, Fresno Course Matrix - (ATrack Version)		
5th Edition		
		MSAT Course Evaluated
Code	Description	
AC-1	Explain the legal, moral, and ethical parameters that define the athletic trainer's scope of acute and emergency care.	AT 228
AC-2	Differentiate the roles and responsibilities of the athletic trainer from other pre-hospital care and hospital-based providers, including emergency medical technicians/paramedics, nurses, physician assistants, and physicians.	AT 248
AC-3	Describe the hospital trauma level system and its role in the transportation decision-making process.	AT 228
AC-4	Demonstrate the ability to perform scene, primary, and secondary surveys.	AT 202
AC-5	Obtain a medical history appropriate for the patient's ability to respond.	AT 224
AC-6	When appropriate, obtain and monitor signs of basic body functions including pulse, blood pressure, respiration, pulse oximetry, pain, and core temperature. Relate changes in vital signs to the patient's status.	AT 224
AC-7	Differentiate between normal and abnormal physical findings (eg, pulse, blood pressure, heart and lung sounds, oxygen saturation, pain, core temperature) and the associated pathophysiology.	AT 224
AC-8	Explain the indications, guidelines, proper techniques, and necessary supplies for removing equipment and clothing in order to access the airway, evaluate and/or stabilize an athlete's injured body part.	AT 202
AC-9	Differentiate the types of airway adjuncts (oropharyngeal airways [OPA], nasopharyngeal airways [NPA] and supraglottic airways [King LT-D or Combitube]) and their use in maintaining a patent airway in adult respiratory and/or cardiac arrest.	AT 234
AC-10	Establish and maintain an airway, including the use of oro- and nasopharyngeal airways, and neutral spine alignment in an athlete with a suspected spine injury who may be wearing shoulder pads, a helmet with and without a face guard, or other protective equipment.	AT 234
AC-10a	oropharyngeal airway	AT 234
AC-10b	nasopharyngeal airway	AT 234
AC-11	Determine when suction for airway maintenance is indicated and use according to accepted practice protocols.	AT 234
AC-12	Identify cases when rescue breathing, CPR, and/or AED use is indicated according to current accepted practice protocols.	AT 202
AC-13	Utilize an automated external defibrillator (AED) according to current accepted practice protocols.	AT 202
AC-14	Perform one- and two- person CPR on an infant, child and adult.	AT 202
AC-15	Utilize a bag valve and pocket mask on a child and adult using supplemental oxygen.	AT 202
AC-16	Explain the indications, application, and treatment parameters for supplemental oxygen administration for emergency situations.	AT 234
AC-17	Administer supplemental oxygen with adjuncts (eg, non-rebreather mask, nasal cannula).	AT 234
AC-18	Assess oxygen saturation using a pulse oximeter and interpret the results to guide decision making.	AT 234
AC-19	Explain the proper procedures for managing external hemorrhage (eg, direct pressure, pressure points, tourniquets) and the rationale for use of each.	AT202
AC-20	Select and use the appropriate procedure for managing external hemorrhage.	AT202

California State University, Fresno Course Matrix - (ATrack Version)

5th Edition

Code	Description	MSAT Course Evaluated
AC-21	Explain aseptic or sterile techniques, approved sanitation methods, and universal precautions used in the cleaning, closure, and dressing of wounds.	AT202
AC-22	Select and use appropriate procedures for the cleaning, closure, and dressing of wounds, identifying when referral is necessary.	AT202
AC-23	Use cervical stabilization devices and techniques that are appropriate to the circumstances of an injury.	AT 202
AC-24	Demonstrate proper positioning and immobilization of a patient with a suspected spinal cord injury.	AT 202
AC-25	Perform patient transfer techniques for suspected head and spine injuries utilizing supine log roll, prone log roll with push, prone log roll with pull, and lift-and-slide techniques.	AT 202
AC-25a	supine log roll	AT 202
AC-25b	prone log roll with push	AT 202
AC-25c	prone log roll with pull	AT 202
AC-25d	lift-and-slide	AT 202
AC-26	Select the appropriate spine board, including long board or short board, and use appropriate immobilization techniques based on the circumstance of the patient's injury.	AT 202
AC-27	Explain the role of core body temperature in differentiating between exertional heat stroke, hyponatremia, and head injury.	AT 202
AC-28	Differentiate the different methods for assessing core body temperature.	AT 202
AC-29	Assess core body temperature using a rectal probe.	AT 202
AC-30	Explain the role of rapid full body cooling in the emergency management of exertional heat stroke.	AT 202
AC-31	Assist the patient in the use of a nebulizer treatment for an asthmatic attack.	AT 224
AC-32	Determine when use of a metered-dosed inhaler is warranted based on a patient's condition.	AT 224
AC-33	Instruct a patient in the use of a meter-dosed inhaler in the presence of asthma-related bronchospasm.	AT 224
AC-34	Explain the importance of monitoring a patient following a head injury, including the role of obtaining clearance from a physician before further patient participation.	AT 202
AC-35	Demonstrate the use of an auto-injectable epinephrine in the management of allergic anaphylaxis. Decide when auto-injectable epinephrine use is warranted based on a patient's condition.	AT 224
AC-36	Identify the signs, symptoms, interventions and, when appropriate, the return-to-participation criteria for:	AT 234
AC-36a	sudden cardiac arrest	AT 234
AC-36b	brain injury including concussion, subdural and epidural hematomas, second impact syndrome and skull fracture	AT 234
AC-36c	cervical, thoracic, and lumbar spine trauma	AT 234
AC-36d	heat illness including heat cramps, heat exhaustion, exertional heat stroke, and hyponatremia	AT 234
AC-36e	exertional sickling associated with sickle cell trait	AT 234
AC-36f	rhabdomyolysis	AT 234

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Code	Description	MSAT Course Evaluated
AC-36g	internal hemorrhage	AT 234
AC-36h	diabetic emergencies including hypoglycemia and ketoacidosis	AT 224
AC-36i	asthma attacks	AT 224
AC-36j	systemic allergic reaction, including anaphylactic shock	AT 224
AC-36k	epileptic and non- epileptic seizures	AT 224
AC-36l	shock	AT 224
AC-36m	hypothermia, frostbite	AT 234
AC-36n	toxic drug overdoses	AT 224
AC-36o	local allergic reaction	AT 224
AC-37	Select and apply appropriate splinting material to stabilize an injured body area.	AT 202
AC-38	Apply appropriate immediate treatment to protect the injured area and minimize the effects of hypoxic and enzymatic injury.	AT 224
AC-39	Select and implement the appropriate ambulatory aid based on the patient's injury and activity and participation restrictions.	AT 202
AC-40	Determine the proper transportation technique based on the patient's condition and findings of the immediate examination.	AT 202
AC-41	Identify the criteria used in the decision-making process to transport the injured patient for further medical examination.	AT 202
AC-42	Select and use the appropriate short-distance transportation methods, such as the log roll or lift and slide, for an injured patient in different situations.	AT 202
AC-43	Instruct the patient in home care and self-treatment plans for acute conditions.	AT 212
CE-1	Describe the normal structures and interrelated functions of the body systems.	AT 212
CE-2	Describe the normal anatomical, systemic, and physiological changes associated with the lifespan.	AT 212
CE-3	Identify the common congenital and acquired risk factors and causes of musculoskeletal injuries and common illnesses that may influence physical activity in pediatric, adolescent, adult, and aging populations.	AT 212
CE-4	Describe the principles and concepts of body movement, including normal osteokinematics and arthrokinematics.	AT 212
CE-5	Describe the influence of pathomechanics on function.	AT 212
CE-6	Describe the basic principles of diagnostic imaging and testing and their role in the diagnostic process.	AT 212
CE-7	Identify the patient's participation restrictions (disabilities) and activity limitations (functional limitations) to determine the impact of the condition on the patient's life.	AT 212
CE-8	Explain the role and importance of functional outcome measures in clinical practice and patient health-related quality of life.	AT 216
CE-9	Identify functional and patient-centered quality of life outcome measures appropriate for use in athletic training practice.	AT 216
CE-10	Explain diagnostic accuracy concepts including reliability, sensitivity, specificity, likelihood ratios, prediction values, and pre-test and post-test probabilities in the selection and interpretation of physical examination and diagnostic procedures.	AT 226

California State University, Fresno Course Matrix - (ATrack Version)

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		MSAT Course Evaluated
Code	Description	
CE-11	Explain the creation of clinical prediction rules in the diagnosis and prognosis of various clinical conditions.	AT 226
CE-12	Apply clinical prediction rules (eg, Ottawa Ankle Rules) during clinical examination procedures.	AT 226
CE-13	Obtain a thorough medical history that includes the pertinent past medical history, underlying systemic disease, use of medications, the patient's perceived pain, and the history and course of the present condition.	AT 204
CE-14	Differentiate between an initial injury evaluation and follow-up/reassessment as a means to evaluate the efficacy of the patient's treatment/rehabilitation program, and make modifications to the patient's program as needed.	AT 212
CE-15	Demonstrate the ability to modify the diagnostic examination process according to the demands of the situation and patient responses.	AT 212
CE-16	Recognize the signs and symptoms of catastrophic and emergent conditions and demonstrate appropriate referral decisions.	AT 234
CE-17	Use clinical reasoning skills to formulate an appropriate clinical diagnosis for common illness/disease and orthopedic injuries/conditions.	AT 212
CE-18	Incorporate the concept of differential diagnosis into the examination process.	AT 212
CE-19	Determine criteria and make decisions regarding return to activity and/or sports participation based on the patient's current status.	AT 212
CE-20	Use standard techniques and procedures for the clinical examination of common injuries, conditions, illnesses, and diseases including, but not limited to:	AT 212
CE-20a	history taking	AT 212
CE-20b	inspection/observation	AT 212
CE-20c	palpation	AT 212
CE-20d	functional assessment	AT 212
CE-20e	selective tissue testing techniques / special tests	AT 212
CE-20f	neurological assessments (sensory, motor, reflexes, balance, cognitive function)	AT 212
CE-20f.1	sensory	AT 212
CE-20f.2	motor	AT 212
CE-20f.3	reflexes	AT 212
CE-20f.4	balance	AT 212
CE-20f.5	cognitive function	AT 212
CE-20g	respiratory assessments (auscultation, percussion, respirations, peak-flow)	AT 224
CE-20g.1	auscultation	AT 224
CE-20g.2	percussion	AT 224
CE-20g.3	respirations	AT 224
CE-20g.4	peak-flow	AT 224
CE-20h	circulatory assessments (pulse, blood pressure, auscultation)	AT 224
CE-20h.1	pulse	AT 224
CE-20h.2	blood pressure	AT 224
CE-20h.3	auscultation	AT 224

California State University, Fresno Course Matrix - (ATrack Version)

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		MSAT Course Evaluated
Code	Description	
CE-20i	abdominal assessments (percussion, palpation, auscultation)	AT 224
CE-20i.1	percussion	AT 224
CE-20i.2	palpation	AT 224
CE-20i.3	auscultation	AT 224
CE-20j	other clinical assessments (otoscope, urinalysis, glucometer, temperature, ophthalmoscope)	AT 224
CE-20j.1	otoscope	AT 224
CE-20j.2	urinalysis	AT 224
CE-20j.3	glucometer	AT 224
CE-20j.4	temperature	AT 224
CE-20j.5	ophthalmoscope	AT 224
CE-21	Assess and interpret findings from a physical examination that is based on the patient's clinical presentation. This exam can include:	AT 212
CE-21a	Assessment of posture, gait, and movement patterns	AT 212
CE-21a.1	posture	AT 212
CE-21a.2	gait	AT 212
CE-21a.3	movement patterns	AT 212
CE-21b	Palpation	AT 212
CE-21c	Muscle function assessment	AT 212
CE-21d	Assessment of quantity and quality of osteokinematic joint motion	AT 212
CE-21e	Capsular and ligamentous stress testing	AT 212
CE-21f	Joint play (arthrokinematics)	AT 212
CE-21g	Selective tissue examination techniques / special tests	AT 212
CE-21h	Neurologic function (sensory, motor, reflexes, balance, cognition)	AT 212
CE-21h.1	sensory	AT 212
CE-21h.2	motor	AT 212
CE-21h.3	reflexes	AT 212
CE-21h.4	balance	AT 212
CE-21h.5	cognition	AT 212
CE-21i	Cardiovascular function (including differentiation between normal and abnormal heart sounds, blood pressure, and heart rate)	AT 224
CE-21i.1	heart sounds	AT 224
CE-21i.2	blood pressure	AT 224
CE-21i.3	heart rate	AT 224
CE-21j	Pulmonary function (including differentiation between normal breath sounds, percussion sounds, number and characteristics of respirations, peak expiratory flow)	AT 224
CE-21j.1	breath sounds	AT 224
CE-21j.2	percussion sounds	AT 224
CE-21j.3	respirations	AT 224
CE-21j.4	peak expiratory flow	AT 224

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Code	Description	
CE-21k	Gastrointestinal function (including differentiation between normal and abnormal bowel sounds)	AT 224
CE-21l	Genitourinary function (urinalysis)	AT 224
CE-21m	Ocular function (vision, ophthalmoscope)	AT 224
CE-21m.1	vision	AT 212
CE-21m.2	ophthalmoscope	AT 212
CE-21n	Function of the ear, nose, and throat (including otoscopic evaluation)	AT 224
CE-21n.1	ear (otoscope)	AT 224
CE-21n.2	nose	AT 224
CE-21n.3	throat	AT 224
CE-21o	Dermatological assessment	AT 224
CE-21p	Other assessments (glucometer, temperature)	AT 224
CE-21p.1	glucometer	AT 224
CE-21p.2	temperature	AT 224
CE-22	Determine when the findings of an examination warrant referral of the patient.	AT 212
CE-23	Describe current setting-specific (eg, high school, college) and activity-specific rules and guidelines for managing injuries and illnesses.	AT 212
	Administer testing procedures to obtain baseline data regarding a client's/patient's level of general health (including nutritional habits, physical activity status, and body composition). Use this data to design, implement, evaluate, and modify a program specific to the performance and health goals of the patient. This will include instructing the patient in the proper performance of the activities, recognizing the warning signs and symptoms of potential injuries and illnesses that may occur, and explaining the role of exercise in maintaining overall health and the prevention of diseases. Incorporate contemporary behavioral change theory when educating clients/patients and associated individuals to effect health-related change. Refer to other medical and health professionals when appropriate.	
CIP-1		AT 254
	Select, apply, evaluate, and modify appropriate standard protective equipment, taping, wrapping, bracing, padding, and other custom devices for the client/patient in order to prevent and/or minimize the risk of injury to the head, torso, spine, and extremities for safe participation in sport or other physical activity.	
CIP-2		AT 202
	Develop, implement, and monitor prevention strategies for at-risk individuals (eg, persons with asthma or diabetes, persons with a previous history of heat illness, persons with sickle cell trait) and large groups to allow safe physical activity in a variety of conditions. This includes obtaining and interpreting data related to potentially hazardous environmental conditions, monitoring body functions (eg, blood glucose, peak expiratory flow, hydration status), and making the appropriate recommendations for individual safety and activity status.	
CIP-3		AT 251

California State University, Fresno Course Matrix - (ATrack Version)

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Code	Description	MSAT Course Evaluated
	Perform a comprehensive clinical examination of a patient with an upper extremity, lower extremity, head, neck, thorax, and/or spine injury or condition. This exam should incorporate clinical reasoning in the selection of assessment procedures and interpretation of findings in order to formulate a differential diagnosis and/or diagnosis, determine underlying impairments, and identify activity limitations and participation restrictions. Based on the assessment data and consideration of the patient's goals, provide the appropriate initial care and establish overall treatment goals. Create and implement a therapeutic intervention that targets these treatment goals to include, as appropriate, therapeutic modalities, medications (with physician involvement as necessary), and rehabilitative techniques and procedures. Integrate and interpret various forms of standardized documentation including both patient-oriented and clinician-oriented outcomes measures to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.	
CIP-4		AT 212
CIP-4a	upper extremity	AT 222
CIP-4b	lower extremity	AT 212
CIP-4c	head	AT 232
CIP-4d	neck	AT 232
CIP-4e	thorax	AT 232
CIP-4f	spine	AT 232
CIP-5	Perform a comprehensive clinical examination of a patient with a common illness/condition that includes appropriate clinical reasoning in the selection of assessment procedures and interpretation of history and physical examination findings in order to formulate a differential diagnosis and/or diagnosis. Based on the history, physical examination, and patient goals, implement the appropriate treatment strategy to include medications (with physician involvement as necessary). Determine whether patient referral is needed, and identify potential restrictions in activities and participation. Formulate and communicate the appropriate return to activity protocol.	AT 224
CIP-6	Clinically evaluate and manage a patient with an emergency injury or condition to include the assessment of vital signs and level of consciousness, activation of emergency action plan, secondary assessment, diagnosis, and provision of the appropriate emergency care (eg, CPR, AED, supplemental oxygen, airway adjunct, splinting, spinal stabilization, control of bleeding).	AT 224
CIP-7	Select and integrate appropriate psychosocial techniques into a patient's treatment or rehabilitation program to enhance rehabilitation adherence, return to play, and overall outcomes. This includes, but is not limited to, verbal motivation, goal setting, imagery, pain management, self-talk, and/or relaxation.	AT 255
CIP-8	Demonstrate the ability to recognize and refer at-risk individuals and individuals with psychosocial disorders and/or mental health emergencies. As a member of the management team, develop an appropriate management plan (including recommendations for patient safety and activity status) that establishes a professional helping relationship with the patient, ensures interactive support and education, and encourages the athletic trainer's role of informed patient advocate in a manner consistent with current practice guidelines.	AT 255

California State University, Fresno Course Matrix - (ATrack Version)

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Code	Description	MSAT Course Evaluated
CIP-9	Utilize documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members while using appropriate terminology and complying with statutes that regulate privacy of medical records. This includes using a comprehensive patient-file management system (including diagnostic and procedural codes) for appropriate chart documentation, risk management, outcomes, and billing.	AT 204
EBP-1	Define evidence-based practice as it relates to athletic training clinical practice.	AT 216
EBP-2	Explain the role of evidence in the clinical decision-making process.	AT 216
EBP-3	Describe and differentiate the types of quantitative and qualitative research, research components, and levels of research evidence.	AT 216
EBP-4	Describe a systematic approach (eg, five step approach) to create and answer a clinical question through review and application of existing research.	AT 216
EBP-5	Develop a relevant clinical question using a pre-defined question format (eg, PICO= Patients, Intervention, Comparison, Outcomes; PIO = Patients, Intervention, Outcomes)	AT 216
EBP-6	Describe and contrast research and literature resources including databases and online critical appraisal libraries that can be used for conducting clinically-relevant searches.	AT 216
EBP-7	Conduct a literature search using a clinical question relevant to athletic training practice using search techniques (eg, Boolean search, Medical Subject Headings) and resources appropriate for a specific clinical question.	AT 216
EBP-8	Describe the differences between narrative reviews, systematic reviews, and meta-analyses.	AT 216
EBP-9	Use standard criteria or developed scales (eg, Physiotherapy Evidence Database Scale [PEDro], Oxford Centre for Evidence Based Medicine Scale) to critically appraise the structure, rigor, and overall quality of research studies.	AT 216
EBP-10	Determine the effectiveness and efficacy of an athletic training intervention utilizing evidence-based practice concepts.	AT 216
EBP-11	Explain the theoretical foundation of clinical outcomes assessment (eg, disablement, health-related quality of life) and describe common methods of outcomes assessment in athletic training clinical practice (generic, disease-specific, region-specific, and dimension-specific outcomes instruments).	AT 216
EBP-12	Describe the types of outcomes measures for clinical practice (patient-based and clinician-based) as well as types of evidence that are gathered through outcomes assessment (patient-oriented evidence versus disease-oriented evidence).	AT 216
EBP-13	Understand the methods of assessing patient status and progress (eg, global rating of change, minimal clinically important difference, minimal detectable difference) with clinical outcomes assessments.	AT 216
EBP-14	Apply and interpret clinical outcomes to assess patient status, progress, and change using psychometrically sound outcome instruments.	AT 216
HA-1	Describe the role of the athletic trainer and the delivery of athletic training services within the context of the broader healthcare system.	AT 248
HA-2	Describe the impact of organizational structure on the daily operations of a healthcare facility.	AT 248
HA-3	Describe the role of strategic planning as a means to assess and promote organizational improvement.	AT 248

California State University, Fresno Course Matrix - (ATrack Version)

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		MSAT Course Evaluated
Code	Description	
HA-4	Describe the conceptual components of developing and implementing a basic business plan.	AT 248
HA-5	Describe basic healthcare facility design for a safe and efficient clinical practice setting.	AT 248
HA-6	Explain components of the budgeting process including: purchasing, requisition, bidding, request for proposal, inventory, profit and loss ratios, budget balancing, and return on investments.	AT 248
HA-7	Assess the value of the services provided by an athletic trainer (eg, return on investment). Develop operational and capital budgets based on a supply inventory and needs assessment; including capital equipment, salaries and benefits, trending analysis, facility cost, and common expenses.	AT 248
HA-8	Identify the components that comprise a comprehensive medical record.	AT 248
HA-9	Identify and explain the statutes that regulate the privacy and security of medical records.	AT 204
HA-10	Identify and explain the statutes that regulate the privacy and security of medical records.	AT 204
HA-11	Use contemporary documentation strategies to effectively communicate with patients, physicians, insurers, colleagues, administrators, and parents or family members.	AT 204
HA-12	Use a comprehensive patient-file management system for appropriate chart documentation, risk management, outcomes, and billing.	AT 204
HA-13	Define state and federal statutes that regulate employment practices.	AT 248
HA-14	Describe principles of recruiting, selecting, hiring, and evaluating employees.	AT 248
HA-15	Identify principles of recruiting, selecting, employing, and contracting with physicians and other medical and healthcare personnel in the deployment of healthcare services. 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 practicing of athletic training.	AT 248
HA-16	Identify key regulatory agencies that impact healthcare facilities, and describe their function in the regulation and overall delivery of healthcare.	AT 224
HA-17	Describe the basic legal principles that apply to an athletic trainer's responsibilities.	AT 224
HA-18	Identify components of a risk management plan to include security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.	AT 228
HA-19	Create a risk management plan and develop associated policies and procedures to guide the operation of athletic training services within a healthcare facility to include issues related to security, fire, electrical and equipment safety, emergency preparedness, and hazardous chemicals.	AT 228
HA-20	Develop comprehensive, venue-specific emergency action plans for the care of acutely injured or ill individuals.	AT 228
HA-21	Develop specific plans of care for common potential emergent conditions (eg, asthma attack, diabetic emergency).	AT 228
HA-22	Identify and explain the recommended or required components of a pre-participation examination based on appropriate authorities' rules, guidelines, and/or recommendations.	AT 202
HA-23	Describe a plan to access appropriate medical assistance on disease control, notify medical authorities, and prevent disease epidemics.	AT 228
HA-24	Describe common health insurance models, insurance contract negotiation, and the common benefits and exclusions identified within these models.	AT 224
HA-25		

California State University, Fresno Course Matrix - (ATrack Version)

5th Edition

Code	Description	MSAT Course Evaluated
HA-26	Describe the criteria for selection, common features, specifications, and required documentation needed for secondary, excess accident, and catastrophic health insurance.	AT 224
HA-27	Describe the concepts and procedures for revenue generation and reimbursement.	AT 228
HA-28	Understand the role of and use diagnostic and procedural codes when documenting patient care.	AT 228
HA-29	Explain typical administrative policies and procedures that govern first aid and emergency care.	AT 228
HA-30	Describe the role and functions of various healthcare providers and protocols that govern the referral of patients to these professionals.	AT 248
PD-1	Summarize the athletic training profession's history and development and how current athletic training practice has been influenced by its past.	AT 248
PD-2	Describe the role and function of the National Athletic Trainers' Association and its influence on the profession.	AT 248
PD-3	Describe the role and function of the Board of Certification, the Commission on Accreditation of Athletic Training Education, and state regulatory boards.	AT 248
PD-4	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.	AT 248
PD-5	Access, analyze, and differentiate between the essential documents of the national governing, credentialing and regulatory bodies, including, but not limited to, the NATA Athletic Training Educational Competencies, the BOC Standards of Professional Practice, the NATA Code of Ethics, and the BOC Role Delineation Study/Practice Analysis.	AT 248
PD-6	Explain the process of obtaining and maintaining necessary local, state, and national credentials for the practice of athletic training.	AT 248
PD-7	Perform a self-assessment of professional competence and create a professional development plan to maintain necessary credentials and promote life-long learning strategies.	AT 248
PD-8	Differentiate among the preparation, scopes of practice, and roles and responsibilities of healthcare providers and other professionals with whom athletic trainers interact.	AT 248
PD-9	Specify when referral of a client/patient to another healthcare provider is warranted and formulate and implement strategies to facilitate that referral.	AT 212
PD-10	Develop healthcare educational programming specific to the target audience (eg, clients/patients, healthcare personnel, administrators, parents, general public).	AT 248
PD-11	Identify strategies to educate colleagues, students, patients, the public, and other healthcare professionals about the roles, responsibilities, academic preparation, and scope of practice of athletic trainers.	AT 248
PD-12	Identify mechanisms by which athletic trainers influence state and federal healthcare regulation.	AT 248
PHP-1	Describe the concepts (eg, case definitions, incidence versus prevalence, exposure assessment, rates) and uses of injury and illness surveillance relevant to athletic training.	AT 226
PHP-2	Identify and describe the measures used to monitor injury prevention strategies (eg, injury rates and risk, relative risks, odds ratios, risk differences, numbers needed to treat/harm).	AT 226

California State University, Fresno Course Matrix - (ATrack Version)

5th Edition

		MSAT Course Evaluated
Code	Description	
PHP-3	Identify modifiable/non-modifiable risk factors and mechanisms for injury and illness.	AT 242
PHP-4	Explain how the effectiveness of a prevention strategy can be assessed using clinical outcomes, surveillance, or evaluation data.	AT 242
PHP-5	Explain the precautions and risk factors associated with physical activity in persons with common congenital and acquired abnormalities, disabilities, and diseases.	AT 242
PHP-6	Summarize the epidemiology data related to the risk of injury and illness associated with participation in physical activity.	AT 242
PHP-7	Implement disinfectant procedures to prevent the spread of infectious diseases and to comply with Occupational Safety and Health Administration (OSHA) and other federal regulations.	AT 224
PHP-8	Identify the necessary components to include in a preparticipation physical examination as recommended by contemporary guidelines (eg, American Heart Association, American Academy of Pediatrics Council on Sports Medicine & Fitness).	AT 202
PHP-9	Explain the role of the preparticipation physical exam in identifying conditions that might predispose the athlete to injury or illness.	AT 202
PHP-10	Explain the principles of the body's thermoregulatory mechanisms as they relate to heat gain and heat loss.	AT 202
PHP-11	Explain the principles of environmental illness prevention programs to include acclimation and conditioning, fluid and electrolyte replacement requirements, proper practice and competition attire, hydration status, and environmental assessment (eg, sling psychrometer, wet bulb globe temperatures [WBGT], heat index guidelines).	AT 202
PHP-12	Summarize current practice guidelines related to physical activity during extreme weather conditions (eg, heat, cold, lightning, wind).	AT 202
PHP-13	Obtain and interpret environmental data (web bulb globe temperature [WBGT], sling psychrometer, lightning detection devices) to make clinical decisions regarding the scheduling, type, and duration of physical activity.	AT 202
PHP-13a	WBGT	AT 202
PHP-13b	sling psychrometer	AT 202
PHP-13c	lightning detection devices	AT 202
PHP-14	Assess weight loss and hydration status using weight charts, urine color charts, or specific gravity measurements to determine an individual's ability to participate in physical activity in a hot, humid environment.	AT 202
PHP-14a	weight charts	AT 202
PHP-14b	urine color charts	AT 202
PHP-14c	specific gravity measurements	AT 202
PHP-15	Use a glucometer to monitor blood glucose levels, determine participation status, and make referral decisions.	AT 224
PHP-16	Use a peak-flow meter to monitor a patient's asthma symptoms, determine participation status, and make referral decisions.	AT 224
PHP-17	Explain the etiology and prevention guidelines associated with the leading causes of sudden death during physical activity, including but not limited to:	AT 232
PHP-17a	Cardiac arrhythmia or arrest	

California State University, Fresno Course Matrix - (ATrack Version)

5th Edition

		MSAT Course Evaluated
Code	Description	
PHP-17b	Asthma	AT 224
PHP-17c	Traumatic brain injury	AT 232
PHP-17d	Exertional heat stroke	AT 234
PHP-17e	Hyponatremia	AT 234
PHP-17f	Exertional sickling	AT 224
PHP-17g	Anaphylactic shock	AT 224
PHP-17h	Cervical spine injury	AT 232
PHP-17i	Lightning strike	AT 234
PHP-18	Explain strategies for communicating with coaches, athletes, parents, administrators, and other relevant personnel regarding potentially dangerous conditions related to the environment, field, or playing surfaces.	AT 234
PHP-19	Instruct clients/patients in the basic principles of ergonomics and their relationship to the prevention of illness and injury.	AT 242
PHP-20	Summarize the basic principles associated with the design, construction, fit, maintenance, and reconditioning of protective equipment, including the rules and regulations established by the associations that govern its use.	AT 202
PHP-21	Summarize the principles and concepts related to the fabrication, modification, and appropriate application or use of orthotics and other dynamic and static splints.	AT 212
PHP-22	Fit standard protective equipment following manufacturers' guidelines.	AT 202
PHP-23	Apply preventive taping and wrapping procedures, splints, braces, and other special protective devices.	AT 202
PHP-24	Summarize the general principles of health maintenance and personal hygiene, including skin care, dental hygiene, sanitation, immunizations, avoidance of infectious and contagious diseases, diet, rest, exercise, and weight control.	AT 224
PHP-25	Describe the role of exercise in maintaining a healthy lifestyle and preventing chronic disease.	AT 242
PHP-26	Identify and describe the standard tests, test equipment, and testing protocols that are used for measuring fitness, body composition, posture, flexibility, muscular strength, power, speed, agility, and endurance.	AT 242
PHP-27	Compare and contrast the various types of flexibility, strength training, and cardiovascular conditioning programs to include expected outcomes, safety precautions, hazards, and contraindications.	AT 242
PHP-28	Administer and interpret fitness tests to assess a client's/patient's physical status and readiness for physical activity.	AT 242
PHP-29	Explain the basic concepts and practice of fitness and wellness screening.	AT 242
PHP-30	Design a fitness program to meet the individual needs of a client/patient based on the results of standard fitness assessments and wellness screening.	AT 242
PHP-31	Instruct a client/patient regarding fitness exercises and the use of muscle strengthening equipment to include correction or modification of inappropriate, unsafe, or dangerous lifting techniques.	AT 242
PHP-32	Describe the role of nutrition in enhancing performance, preventing injury or illness, and maintaining a healthy lifestyle.	AT 242

California State University, Fresno Course Matrix - (ATrack Version)

5th Edition

		MSAT Course Evaluated
Code	Description	
PHP-33	Educate clients/patients on the importance of healthy eating, regular exercise, and general preventative strategies for improving or maintaining health and quality of life.	AT 242
PHP-34	Describe contemporary nutritional intake recommendations and explain how these recommendations can be used in performing a basic dietary analysis and providing appropriate general dietary recommendations.	AT 242
PHP-35	Describe the proper intake, sources of, and effects of micro- and macronutrients on performance, health, and disease.	AT 242
PHP-36	Describe current guidelines for proper hydration and explain the consequences of improper fluid/electrolyte replacement.	AT 242
PHP-37	Identify, analyze, and utilize the essential components of food labels to determine the content, quality, and appropriateness of food products.	AT 242
PHP-38	Describe nutritional principles that apply to tissue growth and repair.	AT 242
PHP-39	Describe changes in dietary requirements that occur as a result of changes in an individual's health, age, and activity level.	AT 242
PHP-40	Explain the physiologic principles and time factors associated with the design and planning of pre-activity and recovery meals/snacks and hydration practices.	AT 242
PHP-41	Identify the foods and fluids that are most appropriate for pre-activity, activity, and recovery meals/snacks.	AT 242
PHP-42	Explain how changes in the type and intensity of physical activity influence the energy and nutritional demands placed on the client/patient.	AT 242
PHP-43	Describe the principles and methods of body composition assessment to assess a client's/patient's health status and to monitor changes related to weight management, strength training, injury, disordered eating, menstrual status, and/or bone density status.	AT 242
PHP-44	Assess body composition by validated techniques.	AT 242
PHP-45	Describe contemporary weight management methods and strategies needed to support activities of daily life and physical activity.	AT 242
PHP-46	Identify and describe the signs, symptoms, physiological, and psychological responses of clients/patients with disordered eating or eating disorders.	AT 244
PHP-47	Describe the method of appropriate management and referral for clients/patients with disordered eating or eating disorders in a manner consistent with current practice guidelines.	AT 244
PHP-48	Explain the known usage patterns, general effects, and short- and long-term adverse effects for the commonly used dietary supplements, performance enhancing drugs, and recreational drugs.	AT 242
PHP-49	Identify which therapeutic drugs, supplements, and performance-enhancing substances are banned by sport and/or workplace organizations in order to properly advise clients/patients about possible disqualification and other consequences.	AT 242
PS-1	Describe the basic principles of personality traits, trait anxiety, locus of control, intrinsic and extrinsic motivation, and patient and social environment interactions as they affect patient interactions.	AT 244
PS-2	Explain the theoretical background of psychological and emotional responses to injury and forced inactivity (eg, cognitive appraisal model, stress response model).	AT 244

California State University, Fresno Course Matrix - (ATrack Version)

5th Edition¹

		MSAT Course Evaluated
Code	Description	
PS-3	Describe how psychosocial considerations affect clinical decision-making related to return to activity or participation (eg, motivation, confidence).	AT 244
PS-4	Summarize and demonstrate the basic processes of effective interpersonal and cross-cultural communication as it relates to interactions with patients and others involved in the healthcare of the patient.	AT 248
PS-5	Summarize contemporary theory regarding educating patients of all ages and cultural backgrounds to effect behavioral change.	AT 248
PS-6	Explain the importance of educating patients, parents/guardians, and others regarding the condition in order to enhance the psychological and emotional well-being of the patient.	AT 244
PS-7	Describe the psychological techniques (eg, goal setting, imagery, positive self-talk, relaxation/anxiety reduction) that the athletic trainer can use to motivate the patient during injury rehabilitation and return to activity processes.	AT 244
PS-8	Describe psychological interventions (eg, goal setting, motivational techniques) that are used to facilitate a patient's physical, psychological, and return to activity needs.	AT 244
PS-9	Describe the psychosocial factors that affect persistent pain sensation and perception (eg, emotional state, locus of control, psychodynamic issues, sociocultural factors, personal values and beliefs) and identify multidisciplinary approaches for assisting patients with persistent pain.	AT 244
PS-10	Explain the impact of sociocultural issues that influence the nature and quality of healthcare received (eg, cultural competence, access to appropriate healthcare providers, uninsured/underinsured patients, insurance) and formulate and implement strategies to maximize client/patient outcomes.	AT 248
PS-11	Describe the role of various mental healthcare providers (eg, psychiatrists, psychologists, counselors, social workers) that may comprise a mental health referral network.	AT 244
PS-12	Identify and refer clients/patients in need of mental healthcare.	AT 244
PS-13	Identify and describe the basic signs and symptoms of mental health disorders (eg, psychosis, neurosis; sub-clinical mood disturbances (eg, depression, anxiety); and personal/social conflict (eg, adjustment to injury, family problems, academic or emotional stress, personal assault or abuse, sexual assault or harassment) that may indicate the need for referral to a mental healthcare professional.	AT 244
PS-14	Describe the psychological and sociocultural factors associated with common eating disorders.	AT 244
PS-15	Identify the symptoms and clinical signs of substance misuse/abuse, the psychological and sociocultural factors associated with such misuse/abuse, its impact on an individual's health and physical performance, and the need for proper referral to a healthcare professional.	AT 244
PS-16	Formulate a referral for an individual with a suspected mental health or substance abuse problem.	AT 244
PS-17	Describe the psychological and emotional responses to a catastrophic event, the potential need for a psychological intervention and a referral plan for all parties affected by the event.	AT 244
PS-18	Provide appropriate education regarding the condition and plan of care to the patient and appropriately discuss with others as needed and as appropriate to protect patient privacy.	AT 244
TI-1	Describe and differentiate the physiological and pathophysiological responses to inflammatory and non-inflammatory conditions and the influence of these responses on the design, implementation, and progression of a therapeutic intervention.	AT 212

California State University, Fresno Course Matrix - (ATrack Version)

5th Edition

		MSAT Course Evaluated
Code	Description	
TI-2	Compare and contrast contemporary theories of pain perception and pain modulation.	AT 212
TI-3	Differentiate between palliative and primary pain-control interventions.	AT 212
TI-4	Analyze the impact of immobilization, inactivity, and mobilization on the body systems (eg, cardiovascular, pulmonary, musculoskeletal) and injury response.	AT 212
TI-5	Compare and contrast the variations in the physiological response to injury and healing across the lifespan.	AT 212
TI-6	Describe common surgical techniques, including interpretation of operative reports, and any resulting precautions, contraindications, and comorbidities that impact the selection and progression of a therapeutic intervention program.	AT 212
TI-7	Identify patient- and clinician-oriented outcomes measures commonly used to recommend activity level, make return to play decisions, and maximize patient outcomes and progress in the treatment plan.	AT 212
TI-8	Explain the theory and principles relating to expected physiological response(s) during and following therapeutic interventions.	AT 212
TI-9	Describe the laws of physics that (1) underlay the application of thermal, mechanical, electromagnetic, and acoustic energy to the body and (2) form the foundation for the development of therapeutic interventions (eg, stress-strain, leverage, thermodynamics, energy transmission and attenuation, electricity).	AT 212
TI-10	Integrate self-treatment into the intervention when appropriate, including instructing the patient regarding self-treatment plans.	AT 212
TI-11	Design therapeutic interventions to meet specified treatment goals.	AT 212
TI-11a	Assess the patient to identify indications, contraindications, and precautions applicable to the intended intervention.	AT 212
TI-11b	Position and prepare the patient for various therapeutic interventions.	AT 212
TI-11c	Describe the expected effects and potential adverse reactions to the patient.	AT 212
TI-11d	Instruct the patient how to correctly perform rehabilitative exercises.	AT 212
TI-11e	Apply the intervention, using parameters appropriate to the intended outcome.	AT 212
TI-11f	Reassess the patient to determine the immediate impact of the intervention.	AT 212
TI-12	Use the results of on-going clinical examinations to determine when a therapeutic intervention should be progressed, regressed or discontinued.	AT 212
TI-13	Describe the relationship between the application of therapeutic modalities and the incorporation of active and passive exercise and/or manual therapies, including, therapeutic massage, myofascial techniques, and muscle energy techniques.	AT 212
TI-14	Describe the use of joint mobilization in pain reduction and restoration of joint mobility.	AT 212
TI-15	Perform joint mobilization techniques as indicated by examination findings.	AT 212
TI-16	Fabricate and apply taping, wrapping, supportive, and protective devices to facilitate return to function.	AT 202
TI-17	Analyze gait and select appropriate instruction and correction strategies to facilitate safe progression to functional gait pattern.	AT 212
TI-18	Explain the relationship between posture, biomechanics, and ergonomics and the need to address these components in a therapeutic intervention.	AT 232

California State University, Fresno Course Matrix - (ATrack Version)

5th Edition

Code	Description	MSAT Course Evaluated
TI-19	Identify manufacturer, institutional, state, and/or federal standards that influence approval, operation, inspection, maintenance and safe application of therapeutic modalities and rehabilitation equipment.	AT 212
TI-20	Inspect therapeutic equipment and the treatment environment for potential safety hazards.	AT 212
TI-21	Explain the federal, state, and local laws, regulations and procedures for the proper storage, disposal, transportation, dispensing (administering where appropriate), and documentation associated with commonly used prescription and nonprescription medications.	AT 224
TI-22	Identify and use appropriate pharmaceutical terminology for management of medications, inventory control, and reporting of pharmacological agents commonly used in an athletic training facility.	AT 224
TI-23	Use an electronic drug resource to locate and identify indications, contraindications, precautions, and adverse reactions for common prescription and nonprescription medications.	AT 224
TI-24	Explain the major concepts of pharmacokinetics and the influence that exercise might have on these processes.	AT 224
TI-25	Explain the concepts related to bioavailability, half-life, and bioequivalence (including the relationship between generic and brand name drugs) and their relevance to the patient, the choice of medication, and the dosing schedule.	AT 224
TI-26	Explain the pharmacodynamic principles of receptor theory, dose-response relationship, placebo effect, potency and drug interactions as they relate to the mechanism of drug action and therapeutic effectiveness.	AT 224
TI-27	Describe the common routes used to administer medications and their advantages and disadvantages.	AT 224
TI-28	Properly assist and/or instruct the patient in the proper use, cleaning, and storage of drugs commonly delivered by metered dose inhalers, nebulizers, insulin pumps, or other parenteral routes as prescribed by the physician.	AT 224
TI-28a	metered dose inhalers	AT 224
TI-28b	nebulizers	AT 224
TI-28c	insulin pumps	AT 224
TI-29	Describe how common pharmacological agents influence pain and healing and their influence on various therapeutic interventions.	AT 224
TI-30	Explain the general therapeutic strategy, including drug categories used for treatment, desired treatment outcomes, and typical duration of treatment, for the following common diseases and conditions: asthma, diabetes, hypertension, infections, depression, GERD, allergies, pain, inflammation, and the common cold.	AT 224
TI-31	Optimize therapeutic outcomes by communicating with patients and/or appropriate healthcare professionals regarding compliance issues, drug interactions, adverse drug reactions, and sub-optimal therapy.	AT 224

College of Health and Human Services

Master of Science in Athletic Training

Student Outcomes Assessment Plan (SOAP)

I. Mission Statement

The Athletic Training Program at California State University, Fresno will provide a student-centered learning environment where students flourish academically and clinically. We will produce culturally competent, evidence-based Athletic Trainers who are prepared to enter a variety of clinical settings. Our alumni will be leaders in the profession who advocate for Athletic Training in their communities throughout their careers.

II. Goals and Student Learning Outcomes

- A. Students will demonstrate the patient care skills necessary to prevent, identify, assess, treat, rehabilitate physical and psychological conditions.

Outcome A1: Students will identify general medical conditions and implement appropriate care to various populations.

Outcome A2: Students will prevent, identify, assess, treat, and rehabilitate neurovascular, musculoskeletal, and other systemic conditions.

Outcome A3: Students will identify substance abuse and mental health disorders, apply psychosocial interventions, and when appropriate refer to an appropriate health care provider.

Outcome A4: Students will make appropriate return to participation decisions based on individualized objective outcome measures.

- B. Students will demonstrate evidence based decision-making and critical thinking skills through both written and oral communication.

Outcome B1: Students will critically appraise clinically relevant research and statistical findings.

Outcome B2: Students will incorporate evidence in the clinical decision-making process and employ evidence based practices to improve patient outcomes.

Outcome B3: Students will disseminate research findings using both oral and written communication.

- C. Students will demonstrate the professional and administrative skills necessary to be a successful Athletic Trainer.

Outcome C1: Students will demonstrate effective interprofessional and cross-cultural communication with diverse populations including Service-Learning experiences.

Outcome C2: Students will act in a professionally responsible manner that upholds legal and ethical standards.

Outcome C3: Students will manage health care administrative duties successfully.

Outcome C4: Students will engage in professional development required for athletic trainers and activities that advance the profession.

I = Introduced

R = Reinforced

E=Emphasized

M=Mastered

III. Curriculum Map (Matrix of Courses X Learning Outcomes)

	A1	A2	A3	A4	B1	B2	B3	C1	C2	C3	C4
AT 202. Found of AT	I								I		
AT 204. Documentation & Med Term	I							I			
AT 212. Integrated Principles of AT I		I, R		I, R			I, R				
AT 216. Research Methods in AT I					I, R	I, R	I, R				
AT 251. Clinical Practicum I	R	E		R				R	R	R	I, R
AT 222. Integrated Principles of AT II		I, R		I, R			R, E				
AT 224. Gen Med & Pharm	I, R								I, R	I, R	
AT 226. Research Methods in AT II					E, M	I, R, E	R, E				
AT 228. Policies & Procedures in AT							R, E	E	I, R, E	I, R	
AT 252. Clinical Practicum II	R, E	E		E				E	E	R	R
AT 232. Integrated Principles of AT III		I, R		I, R			R, E				
AT 234. Catastrophic Injury in Sport	R, E, M	I, R		I, R		R		I, R, E			
AT 238. BOC Prep Seminar	E, M	E, M		E, M				E, M	E, M	E, M	
AT 296S. Current Concepts in AT I					M	M		M	M		
AT 253. Clinical Practicum III	E, M	E		E		M		E	E	E	R, E
AT 242. Screen Assess & Inj Prev		R, E, M						R, E			
AT 244. Psychosocial Aspects of Inj & Rehab			I, R	I, R				I, R	I, R		

AT 248. Professional Practice in AT							M		E	I, R, E	E, M
AT 297S. Current Concepts in AT II											
AT 254. Clinical Practicum IV	M	M	E, M	E, M		M		M	M	M	M

IV. Assessment Methods

A. Direct Measures:

1. **Board of Certification (BOC) Exam Pass Rate:** The Board of Certification Exam is the national exam required to become a Certified Athletic Trainer. Assess competency in 5 areas: (1) Injury/Illness Prevention and Wellness protection, (2) Clinical Evaluation and Diagnosis, (3) Immediate Emergency Care, (4) Treatment and Rehabilitation, and (5) Organizational and Professional Health and Wellbeing. *Benchmark: 70% or more students will pass the BOC Exam on the first attempt.* Outcomes A1, A2, A3, A4, C2, C3, and C4)
2. **Clinical Preceptor Evaluations:** Students will be evaluated by their clinical preceptor at the end of each clinical rotation as part of AT 210, 220, 230, and 240. The evaluation document is included as [Appendix A](#). *Benchmark: 100% of students will achieve an average of at least 3.5/5.* (Outcomes A1, A2, A3, A4, C1, C2, C3)
3. **AT 216 Critically Appraised Topic Paper:** Once identifying a clinical question relevant to their clinical practice, the student will be expected to find a minimum of three (3) recent (preferably within the last 5 years) journal articles about the chosen clinical question. The student will write a Critically Appraised Topic (CAT) paper by performing a critical appraisal of each article and summarizing the implications for practice, education, and future research. The paper is evaluated using a rubric which is included as [Appendix B](#). *Benchmark: 100% of students will achieve at least 70% on the paper.* (Outcomes B1 and B2)
4. **AT 224 Video Practical:** The student will be required to video themselves using a Peak Flow Meter and instruct the viewer on how to use the device. Grading will be based on the student's ability to describe how to use the device as well as whether they are using the device properly. The paper is evaluated using a rubric which is included as [Appendix C](#). *Benchmark: 100% of students will achieve at least 80% on the assessment.* (Outcomes A1 and A2)
5. **AT 244 Written Exam:** The take-home exam will include four (4) prompts based on real life situations that Athletic Trainers could see in the clinic. The student will be required to apply all of the material learned over the course of the semester to each prompt and use the best available research to describe how the patient should be clinically treated. The

<p>student will also choose at least one mental skill that would be valuable for the patient and create an activity to teach the patient this mental skill. Grading will be based on the student's ability to describe the proper psychosocial intervention and service delivery, as well as their ability to create an appropriate mental skill activity. The paper is evaluated using a rubric which is included as <u>Appendix D</u>. <i>Benchmark: 100% of students will achieve at least 70% on the assessment.</i> (Outcomes A3, B2, and B3).</p>
<p>6. <u>AT 248 Athletic Training Facility and Budget Project</u>: The student will be required to create an all-encompassing plan for an athletic training facility. The assignment will be assessed using a rubric which is included as <u>Appendix E</u>. <i>Benchmark: 100% of students will achieve at least a 70% on the assessment.</i> (Outcome C3)</p>
<p>7. <u>AT 297S Presentation</u>: The student will present their capstone project via either oral presentation or a scientific poster. Faculty and clinical preceptors will evaluate each student's presentation using a rubric, included as <u>Appendix F</u>. <i>Benchmark: 100% of students will achieve at least 80% on the assessment.</i> (Outcomes B1, B2, and B3)</p>
<p>8. <u>Continuing Education Units</u>: The purpose of incorporating a Continuing Education Unit (CEU) system into AT 251, 252, 253, & 254 is to get the students more involved in the Athletic Training Program as well as the field of Athletic Training. Students will be able to choose to attend a variety of events in order to gain their CEU's for the semester. Different events are worth different amounts of CEU's. Total number of CEU's varies each semester (251 = 6, 252 = 8, 253 = 10, 254 = 12). Students are required to obtain a signature from a supervisor, staff member, or second year student documenting they attended the event. Students will also be required to submit a written reflection for each CEU event. The CEU reporting document is included as <u>Appendix G</u>. <i>Benchmark: 100% of students will complete the required number of CEUs.</i></p>
<p>B. Indirect Measures:</p>
<p>1. <u>Graduating Student Survey</u>: Graduate students in their final semester will be invited to complete the Graduating Student Questionnaire via Qualtrics. These data provide the program with information related to students' perceptions about content and quality of the didactic and clinical experiences, as well as opportunities for scholarly activity, community service, networking, and development of leadership skills.</p>
<p>2. <u>Focus Group Exit Interviews</u>: Graduate students in their final semester will be interviewed individually or in groups of 2-4, depending on the student's preference, by members of the Athletic Training Program faculty. These data provide the program with information related to students' perceptions about content and quality of the didactic and clinical experiences, as well as opportunities for scholarly activity, community service, networking, and development of leadership skills.</p>
<p>V. Student Learning Outcomes X Assessment Methods Matrix</p>

Method	A1	A2	A3	A4	B1	B2	B3	C1	C2	C3	C4
Direct											
BOC Exam Pass Rate	x	x	x	x					x	x	x
Clinical Preceptor Evaluations	x	x	x	x				x	x	x	
AT 226 Critically Appraised Topic Paper					x	x					
AT 224 Video Practical	x	x									
AT 244 Written Exam			x			x	x				
AT 248 AT Facility and Budget Project										x	
AT 297S Presentation						x	x	x			
Continuing Education Units											x
Indirect											
Graduating Student Survey	x	x	x	x	x	x	x	x	x	x	x
Focus Group Exit Interviews	x	x	x	x	x	x	x	x	x	x	x

VI. Timeline for Implementation of Assessment Methods and Summary Evaluations
AY 2018 to 2019
Method 1: AT 224 Video Practical
Method 2: Clinical Preceptor Evaluations
AY 2019 to 2020
Method 1: AT 297S Presentation
Method 2: Graduating Student Survey
AY 2020 to 2021
Method 1: Continuing Education Units
Method 2: BOC Exam Pass Rate
AY 2021 to 2022
Method 1: AT 226 Critically Appraised Topic Paper
Method 2: Focus Group Exit Interviews
AY 2022 to 2023
Method 1: AT 248 AT Facility and Budget Project
Method 2: AT 244 Written Exam

VII. Process for Closing the Loop

Data are collected and analyzed according to the implementation schedule above. This information is then used to write a report, "Summary of Outcome Assessment Results", for the academic year in which the data is collected. Shortly after the report is compiled, it is presented to and reviewed by the Athletic Training Program faculty. The findings are discussed and an action plan may be decided upon, as appropriate. If it is decided that an action needs to be taken or a change needs to be made, responsibilities are assigned. It is then up to the Assessment Coordinator to follow up on any actions or changes in terms of additional data collected in subsequent years. Examples of "Summary of Outcome Assessment Results" reports will clearly identify actions that have been taken and are available upon request.

California State University, Fresno
Athletic Training Program

Evaluation of the Athletic Training Student (AT 251-254)

Name of AT Student –	Supervising Preceptor Name -
Clinical Rotation (e.g., Year 1 , Rotation 1) -	Clinical Site –

Please evaluate the student on the following scale:

Deficient – Needs improvement before advancing; Below Average – Unsatisfactory; Average – Meets minimal standards; Above Average – Satisfactory; Outstanding – Exceeds clinical level

General Attributes

	Deficient 1	Below Average 2	Average 3	Above Average 4	Outstanding 5
1. Cooperates with peers, supervisors, coaches, and patients.					
2. Attends all required activities as defined by supervisor.					
3. Dependable, reliable, and punctual.					
4. Takes initiative according to skill level					
5. Expresses knowledge of and adheres to ATR policies and procedures.					
6. Recognizes professional limitations and practices within those limits					
7. Exhibits quality communication skills (written, oral, electronic)					
8. Applies academic knowledge to clinical experience (i.e., correct anatomical terminology).					
9. Demonstrates proper use of time while on duty.					

California State University, Fresno
Athletic Training Program

Comments-

Foundational Behaviors

	Deficient 1	Below Average 2	Average 3	Above Average 4	Outstanding 5
1. Demonstrates a desire to improve in the clinical setting.					
2. Effectively uses resources to facilitate learning.					
3. Properly documents injuries and understands the importance of doing so.					
4. Understands athletes'/patients' individual needs and differences.					
5. Exhibits professionalism in appearance, actions, and language while on duty.					
6. Understands the need for and adheres to confidentiality.					
7. Adheres to NATA Code of Ethics.					
8. Makes ethical decisions in clinical practice.					
9. Solves problems effectively.					
10. Makes continuous overall improvement					
11. Shows confidence in interactions.					
Comments –					

California State University, Fresno
Athletic Training Program

Strikes/ Formal Reprimands

Please explain any situations that may have resulted in a strike/formal reprimand of the student.

Critically Appraised Topic Paper Rubric

Student : _____

Total Score: ____ / 100

Clinical Scenario, Summary and Clinical Bottom Line (15 points)

	Outstanding (5)	Above Average (4)	Average (3)	Below Average (2)	Unsatisfactory
<i>Clinical Scenario</i>	Clearly described the scenario that led to the focused clinical question	Provided above average description of the scenario that led to the focused clinical question	Provided some description of the scenario that led to the focused clinical question	Provided minimal description of the scenario that led to the focused clinical question	Unclear or inadequate explanation of the scenario that led to the focused clinical question
<i>Summary of Evidence</i>	Provided a sound summary of the evidence and key findings	Provided an above average summary of the evidence and key findings	Provided an average summary of the evidence and key findings	Provided a fair summary of the evidence and key findings	Inadequate summary of the evidence and key findings
<i>Clinical Bottom Line</i>	Provided clear and sound explanation of the clinical bottom line of the findings	Provided an above average explanation of the clinical bottom line of the findings	Provided an average explanation of the clinical bottom line of the findings	Provided a fair explanation of the clinical bottom line of the findings	Inadequate explanation of the clinical bottom line of the findings

Methods: Search and Inclusion/Exclusion Criteria and Results of Search (15 points)

	Outstanding (5)	Above Average (4)	Average (3)	Below Average (2)	Unsatisfactory
<i>Search Engines and key words</i>	Clearly cited search engines and key words used to locate evidence		Adequately cited search engines and key words used to locate evidence		Inadequately cited search engines key words used to locate evidence
<i>Inclusion / Exclusion</i>	Clearly specified In/Ex criteria to locate evidence		Adequate In/Ex criteria to locate evidence		Inadequate In/Ex criteria to locate evidence
<i>Evaluate and rank level of evidence and study design(s)</i>	Clearly identified the level of evidence and the type of research design	Identification of most but not all levels of evidence and types of research designs	Identification of some but not all levels of evidence and types of research designs	Minimal identification of levels of evidence and types of research designs	Inadequate identification of levels of evidence and types of research designs

Methods: Best Evidence and Appraisal of Evidence (30 points)

	Outstanding (10)	Above Average (8)	Average (5)	Below Average (3)	Unsatisfactory
<i>Summary of Evidence</i>	Clearly and concisely reported objectives, methods, and key findings	Above average report of objectives, methods, and key findings	Adequate report of objectives, methods, and key findings	Minimally reported objectives, methods, and key findings	Inadequate report of objectives, methods, and key findings
<i>Interpretation of Results, Applicability & Importance</i>	Excellent interpretation of results as applied to the clinical question; interpretation fully supported by reported findings	Above average interpretation of results as applied to the clinical question; interpretation mostly supported by reported findings	Adequate interpretation of results as applied to the clinical question; interpretation supported by reported findings to some degree	Minimal interpretation of results as applied to the clinical question; interpretation not well supported by reported findings	Inadequate interpretation of results as applied to the clinical question; interpretation not supported by reported findings
<i>Validity</i>	Excellent discussion of validity with PEDro scores or others as appropriate; discussion of missing information in original paper	Above average discussion of validity with most requested information completed as appropriate; most of missing information in original paper discussed	Adequate discussion of validity with some requested information completed as appropriate; some of missing information in original paper discussed	Limited discussion of validity with limited information completed as requested; little of missing information in original paper discussed	Discussion of validity inadequate or absent; no report of missing information in original paper

Implications for Practice, Education and Future Research (20 points)

	Outstanding (20)	Above Average (18)	Average (15)	Below Average (13)	Unsatisfactory
<i>Implications for Practice, Education and Future Research</i>	Clearly identified implications for practice, education and future research	Above average discussion of implications for practice, education and future research	Average discussion of implications for practice, education and future research	Minimal discussion of implications for practice, education and future research	Inadequate discussion of implications for practice, education and future research

General Writing Style and Mechanics (20 points)

	Outstanding (5)	Above Average (4)	Average (3)	Below Average (2)	Unsatisfactory
<i>Structure and Organization</i>	Organization is sequential and appropriate to assignment; paragraphs are well developed and appropriately divided; ideas linked with smooth and effective transitions.	Competent organization, without sophistication. Competent paragraph structure; lacking in effective transitions.	Limited attempts to organize around a thesis; paragraphs are mostly stand-alones with weak or non-evident transitions.	Organization, while attempted, was unsuccessful. Paragraphs were simple, disconnected and formulaic. No evident transitions or planned sequence.	Organization, if evident at all, is confusing and disjointed; paragraph structure is weak, transitions are missing, inappropriate and/or illogical.
<i>Sentence Structure (Grammar)</i>	Each sentence structured effectively, powerfully; rich, well-chosen variety of sentence styles and length.	Effective and varied sentences; errors (if any) due to lack of careful proofreading; syntax errors(if any) reflect uses as colloquialism.	Formulaic or tedious sentence patterns; shows some errors in sentence construction; some non-standard syntax usage.	Sentences show errors of structure; little or no variety; no grasp of sentence flow.	Simple sentences used excessively, almost exclusively; frequent errors of sentence structure.
<i>Mechanics and Presentation</i>	Virtually free of punctuation, spelling, capitalization errors; appropriate format and presentation for assignment.	Contains only occasional punctuation, spelling, and/or capitalization errors. Few formatting errors. Most errors likely careless.	Contains several(mostly common) punctuation, spelling and/or capitalization errors. Several errors in formatting or formatting is inconsistent.	Contains many errors of punctuation, spelling, and/or capitalization. Errors interfere with meaning in places. Formatting incorrect in most places.	Contains many and serious errors of punctuation, spelling, and or capitalization; errors severely with meaning. Formatting weak/
<i>Vocabulary and Word Usage</i>	Exceptional vocabulary, range, accuracy, and correct and effective word usage.	Good vocabulary range and accuracy of usage.	Ordinary vocabulary range, mostly accurate, some vernacular terms.	Errors of diction, and usage, while evident, do not interfere with readability.	Extremely limited vocabulary; choices lack grasp of diction; usage is inaccurate.

AED Skills Video – AT 224
 Assignment Directions & Grading Rubric
 50 points

Assignment description: Students will be required to video themselves performing AED lifesaving skills. Students will be graded on their ability to perform, proper use, and narration of each required component of AED use. **Be sure to give verbal explanation of what you are doing as you do it. Narrate your video as if you were instructing a fellow clinician on AED use.**

Things to consider:

- What signs would alert you to the need for AED?
- Precautions
- What do you see or observe while performing the technique?

Video submission: Videos must be uploaded to YouTube (can be accessed using your Fresno State Google apps account). Privacy settings must be changed to “unlisted” or “public”, NOT “private”. “Unlisted” videos can only be viewed by someone with the URL. The URL must then be submitted on the appropriate Discussion Board in Blackboard.

Grading Rubric

Component	Exemplary (9-10 points)	Proficient (7-8 points)	Unacceptable (0-6 points)
Demonstration of clinical skills	Clinical skills demonstrated exceed minimum competency	Clinical skills demonstrated meet minimum competency	Clinical skills demonstrated do not meet minimum competency
Proper identification of need for AED use	All indications of AED use are properly identified	Most indications of AED use are properly identified	Some or no indications of AED use are properly identified
Proper identification of precautions of AED use	All precautions of AED use are properly identified	Most precautions of AED use are properly identified	Some or no precautions of AED use are properly identified
Accuracy of narration	All information provided in the narration is accurate and exceeds minimum competency	Most information provided in the narration is accurate and meets minimum competency	Some or no information provided in the narration is accurate and does not meet minimum competency
Quality of narration	Quality of narration exceeds minimum competency	Quality of narration meets minimum competency	Quality of narration does not meet minimum competency

SOAP Appendix D

Psychosocial Considerations Written Exam

Criteria	Levels of Achievement		
	Novice	Competent	Proficient
Formatting Weight 5.00%	0 % Response is not typed or double-spaced and does not adhere to APA writing, formatting, citation, and reference guidelines.	50 % Response only partially fulfills formatting instructions (typed, double-spaced and adheres to APA writing, formatting, citation, and reference guidelines).	100 % Response is typed, double-spaced and adheres to APA writing, formatting, citation, and reference guidelines.
Organization Weight 5.00%	0 % The response is difficult to follow. Thoughts throughout the paper do not flow and jump around, making it difficult to read and understand.	50 % The paper is somewhat organized. Some thoughts are still out of order, making it somewhat difficult to read and understand.	100 % The response is clearly organized and easy to follow. All thoughts flow easily from one to the next, allowing for full understanding.
Grammar Weight 10.00%	0 % There are multiple distracting errors in grammar and usage that often impede understanding.	50 % There are a couple of distracting errors in grammar and usage, but few distract from the meaning.	100 % There are very few mistakes, if any, in grammar and usage, but the meaning is clear throughout the response.
Evidence Weight 30.00%	0 % The response does not incorporate materials from course readings, lectures, and/or personal research. Terms are not clearly defined and quotes from materials are not included in a reference	50 % The response mostly incorporates materials from course readings, lectures, and personal research. Terms are somewhat defined throughout the paper and the reference list is not complete.	100 % The response incorporates materials from course readings, lectures, and personal research. All terms are clearly defined and quotes from materials are

	list.		included in a reference list.
Mental Skills Drill Weight 20.00%	0 % The mental skill is not relevant to the patient and the drill does not teach the patient how to use the skill.	50 % The mental skill chosen is useful to the patient's case, but the drill does not clearly demonstrate to the patient how to incorporate the skill.	100 % The mental skills is useful to the patient's case. The drill clearly demonstrates the mental skill and teaches the patient how to incorporate the skill as needed.
Content Weight 30.00%	0 % The response does not answer questions identified in the instructions. It is clear the student does not understand the concepts outlined in the course.	50 % The response only answers some of the questions identified in the instructions. The student demonstrates a partial understanding of the concepts outlined in the course.	100 % The response completely answers all questions identified in the instructions. The student demonstrates a clear understanding of all concepts outlined in the course.

Athletic Training Facility and Budget Project Grading Rubric
AT 248: Professional Practice in Athletic Training

Component	Possible Points	Earned Points
Facility name and location	5	
Vision statement	10	
Mission statement	10	
Rules and regulations for athletes	10	
Rules and regulations for the sports medicine team	10	
Athletic teams to whom you provide medical coverage	10	
Emergency action plan	---	
Completed improvements from graded EAP	10	
Inclusiveness / Completeness	10	
Pre-participation exam form	---	
Inclusiveness / Completeness	10	
Ease of use	10	
Injury assessment and rehabilitation forms	---	
Inclusiveness / Completeness	10	
Ease of use	10	
Line item budget and equipment lists	---	
Inclusiveness / Completeness	10	
Equipment and supplies matches needs of AT room	10	
Creativity of solving budgeting issues	10	
Schematic of athletic training facility layout	--	
Inclusiveness / Completeness	10	
Layout	10	
Correct Spelling / Grammar / Punctuation	10	
Overall Impression (effort, completeness)	25	

Total Points _____ / 200

Student Name:

Judge Name:

Total Score: /100

	Exceeds (20)	Good (18)	Fair (15)	Poor (10)
Oral Presentation Style	Presenter is poised and confident. Thoroughly discusses the case, conclusions and clinical bottom line. Main ideas are clear and concise.	Presenter is reasonably confident. Discusses most aspects of the case, conclusions and bottom line. Information is somewhat organized.	Does not present all of the relevant information of the poster. Sources and information are not used in an effective manner, or there is not enough information presented. Information is presented in an unorganized fashion	Presenter is unprepared and lacking required elements. There are many gaps in information presented.
Work quality/effort	The work done exceeds all expectations and shows that the learner is proud of his/her work. The effort that was put into this task is the best it can be by the learner.	The work was done with good effort that shows what the learner is capable of. It is evident that time was put into this poster and presentation.	Work is done with fair effort, but the quality is still not what the learner is capable of. It is evident that the work was rushed.	Work is done with little effort, quality is not what the learner is capable of. It is evident that the work was rushed and little time was spent on the final product. Work is incomplete.
Visual Presentation	Overall visually appealing; not cluttered; colors and patterns enhance readability. Graphics (e.g., tables, figures, etc.) are engaging and enhance the text. Content is clearly arranged so that the viewer can understand order without narration	Overall visually appealing; not cluttered; colors and patterns support readability Graphics (e.g. tables, figures, etc.) enhance the textContent is arranged so that the viewer can understand order without narration	Visual appeal is adequate; somewhat cluttered; colors and patterns detract from readability Graphics (e.g., tables, figures, etc.) adequately enhance the text Content arrangement is somewhat confusing and does not adequately assist the viewer in understanding order without narration	Not very visually appealing; cluttered; colors and patterns hinder readability Graphics (e.g., tables, figures, etc.) do not enhance the text Content arrangement is somewhat confusing and does not adequately assist the viewer in understanding order without narration
Documentation of Sources, Quality of Sources	Cites all data obtained from other sources. APA citation style is accurate	Cites most data obtained from other sources. APA citation style is accurate	Cites some data obtained from other sources. Citation style is inconsistent or incorrect.	Does not cite sources.
Style/Mechanics	The poster has an element of creativity and style, and is not just a list of facts. Presented in a clear and concise manner with full understanding.	The poster is clear and logical and contains facts as well as very few mistakes. Good clear presentation.	The poster lacks style and reads more like a list of facts than an oral group presentation. The poster lacks neatness and clarity	The poster lacks a clear understanding of the subject matter and there are many errors. Poster is not creative.

California State University, Fresno
Continuing Education Unit Signature Sheet
Athletic Training Program
AT 251, 252, 253, & 254

The purpose of incorporating a CEU system is to get the students more involved in the Athletic Training Program as well as the field of Athletic Training. The point system for this process is provided below. After each function, please ask a supervisor, staff member, or second year student to sign, proving you attended the event.

Be sure to submit this document to Blackboard with your reflections.

Semester Requirements***Point Value***

Semester 1 = 6
 Semester 2 = 8
 Semester 3 = 10
 Semester 4 = 12

Attend Sports Medicine Club Meeting = 1
 Attend CCSSI Symposium = 5
 Attend FWATA = 12
 Attend NATA = 20
 Online webinar = 1/hour
 CATA Meeting = 7
 Present at FWATA = 25
 Help at a citywide event = 1/hour

<i>Date</i>	<i>Event</i>	<i>Number of CEU's</i>	<i>Signature</i>

Total Number of CEU's: _____

Appendix E – Catalog Copy

Program Description

The Master of Science in Athletic Training is designed for students with professional goals in athletic training. The program is accredited by the Commission on Accreditation of Athletic Training Education (CAATE). Students completing the program will be eligible to sit for the Board of Certification exam to become a Certified Athletic Trainer (ATC). The program has high academic and performance standards that include completion of a two-year competency-based clinical education program.

AT 202. Foundations of Athletic Training

Prerequisites: Admission to the Master of Science in Athletic Training Program. Fundamental principles for the prevention, evaluation, and care of common athletic injuries will be discussed. Techniques in taping and rehabilitation of injuries are practiced. (3 lab hours) Units: 1

AT 204. Documentation and Medical Terminology

Prerequisites: Admission to the Master of Science in Athletic Training Program. The purpose of this course is to introduce students to terminology, note writing, and documentation techniques utilized in athletic training. Standard medical documentation, medical history, and formatting will be learned. Units: 1

AT 212. Integrated Principles of Athletic Training I

Prerequisites: Admission to the Master of Science in Athletic Training Program. Concepts and clinical application of anatomy, evaluation, therapeutic modalities, and rehabilitation of musculoskeletal impairments of the lower extremity. (5 lecture, 6 lab hours) Units: 8

AT 216. Research Methods in Athletic Training I

Prerequisites: Admission to the Master of Science in Athletic Training Program. This course will provide an introduction to concepts of research and clinical statistics for athletic trainers, including development of a clinical question, implementing the five-step process of evidence-based practice, and critical appraisal of the evidence. Units: 2

AT 222. Integrated Principles of Athletic Training II

Prerequisites: Successful completion of AT 202, AT 204, AT 212, AT 216, & AT 251. Concepts and clinical application of anatomy, evaluation, therapeutic modalities, and rehabilitation of musculoskeletal impairments of the upper extremity. (3 lecture, 6 lab hours) Units: 6

AT 224. General Medical Conditions and Pharmacology in Athletic Training

Prerequisites: Successful completion of AT 202, AT 204, AT 212, AT 216, & AT 251. Fundamental principles for the prevention, evaluation, care, and pharmacological treatment of general medical conditions will be discussed. Units: 2

AT 226. Research Methods in Athletic Training II

Prerequisites: Successful completion of AT 202, AT 204, AT 212, AT 216, & AT 251.
A continuation of AT 216: Research Methods in Athletic Training I. This course will build on concepts of research, clinical statistics, critical appraisal, and evidence-based practice for athletic trainers. Units: 2

AT 228. Policies and Procedures in Athletic Training

Prerequisites: Successful completion of AT 202, AT 204, AT 212, AT 216, & AT 251.

Sports medicine ethics, legal considerations, and policies and procedures following local, state, and national guidelines. Units: 2

AT 232. Integrated Principles of Athletic Training III

Prerequisites: Successful completion of AT 222, AT 224, AT 226, AT 228, & AT 252.

Concepts and clinical application of anatomy, evaluation, therapeutic modalities, and rehabilitation of musculoskeletal impairments of the Spine. (2 lecture, 2 lab hours) Units: 3

AT 234. Catastrophic Injury in Sport

Prerequisites: Successful completion of AT 222, AT 224, AT 226, AT 228, & AT 252.

The prevention, recognition, evaluation, acute care, treatment, and return to participation for catastrophic injuries in athletic training. (1 lecture, 2 lab hours). Units: 2

AT 238. Board of Certification Exam Preparation Seminar

Prerequisites: Successful completion of AT 222, AT 224, AT 226, AT 228, & AT 252.

This course will help athletic training students prepare for the Board of Certification exam. This course is designed to review prominent theory, topics, and techniques related to athletic training practice; identify knowledge strengths/deficiencies and formulate an individualized study guide. Units: 1

AT 242. Screening, Assessment and Injury Prevention

Prerequisites: Successful completion of AT 232, AT 234, AT 238, AT 253 & AT 296S.

Theory and practical tools employed in sports medicine to screen, assess and prevent athletic injuries are reviewed. (1 lecture, 2 lab hours) Units: 2

AT 244. Psychosocial Aspects of Injury and Rehabilitation in Athletic Training

Prerequisites: Successful completion of AT 232, AT 234, AT 238, AT 253 & AT 296S.

An examination of psychosocial considerations in sport following injury, throughout the subsequent rehabilitation, and return to participation. Students will learn the importance of incorporating mental skills post-injury to increase motivation, performance, and confidence during the return to participation process. Units: 2

AT 248. Professional Practice in Athletic Training

Prerequisites: Successful completion of AT 232, AT 234, AT 238, AT 253 & AT 296S.

Management of an athletic training facility including employee communication, human resources, professional ethics, and continuing education. Units: 2

AT 251. Clinical Practicum I

Prerequisites: Admission to the Master of Science in Athletic Training Program. This 16-week practicum will allow students to apply academic knowledge and further develop clinical skills under direct supervision from clinical preceptors. Units: 2

AT 252. Clinical Practicum II

Prerequisites: Successful completion of AT 212, AT 216, & AT 251.

This 16-week practicum will allow students to apply academic knowledge and further develop clinical skills under direct supervision from clinical preceptors. Units: 2

AT 253. Clinical Practicum III

Prerequisites: Successful completion of AT 222, AT 224, AT 226, AT 228, & AT 252.

This eight-week immersive practicum will allow students to apply academic knowledge and further develop clinical skills under direct supervision from clinical preceptors. Units: 6

AT 254. Clinical Practicum IV

Prerequisites: Successful completion of AT 232, AT 234, AT 238, AT 253, & AT 296S.

This eight-week immersive practicum will allow students to apply academic knowledge and further develop clinical skills under direct supervision from clinical preceptors. Units: 6

AT 296S. Current Concepts in Athletic Training I

Prerequisites: Successful completion of AT 222, AT 224, AT 226, AT 228, & AT 252.

A seminar course designed to focus on current topics in athletic training and sports medicine. The content learned in the classroom portion will be reinforced through Service-Learning, which is an integral component of the course. Units: 3

AT 297S. Current Concepts in Athletic Training II

Prerequisites: Successful completion of AT 232, AT 234, AT 238, AT 253, & AT 296S.

A seminar course designed to focus on current topics in athletic training and sports medicine. The content learned in the classroom portion will be reinforced through Service-Learning, which is an integral component of the course. Units: 3

AT 298. Project

Preparation, completion, submission, and/or demonstration of an original project. Approved for RP grading. Units: 3-6

AT 298C. Project Continuation

For continuous enrollment while completing the project. May enroll twice with department approval. Additional enrollments must be approved by the Dean of Graduate Studies. Units: 0

AT 299. Thesis

Preparation, completion, and submission of an acceptable thesis for the master's degree. Approved for RP grading. Units: 3-6

AT 299C. Thesis Continuation

For continuous enrollment while completing the thesis. May enroll twice with department approval. Additional enrollments must be approved by the Dean of Graduate Studies. Units: 0

Appendix F - Proposed course offering plan for the first three years of the program

Faculty Assignments AY 2020-2021

Semester	Year	Course Number	Class	Total Units	WTU Total	Sailor	R. Pryor	Moore	Clason	L. Pryor	Lewis	McMillen
Fa	1	202	Found of AT	1	2			2				
Fa	1	204	Documentation & Med Term	1	1			1				
Fa	1	212	IP AT I	8	8.9	2.9	3		3			
Fa	1	216	Research Methods in AT I	2	2		2					
Fa	1	251	Clinical Practicum I	3	6		2	2	2			
				15	19.9	2.9	7	5	5			
Sp	1	222	IP AT II	6	6.9	2.3		2.3	2.3			
Sp	1	224	Gen Med & Pharm	2	2		2					
Sp	1	226	Research Methods in AT II	2	2			2				
Sp	1	228	Policies & Procedures	2	2							2
Sp	1	252	Clinical Practicum II	3	6		2	2	2			
				15	18.9	2.3	4	6.3	4.3			
					Course WTU							
					PD			6				
					CEC				6			
					Fall 2020 WTU	19.9	2.9	7	8	8	0	0
					Spring 2021 WTU	18.9	2.3	4	9.3	7.3	0	0
					TOTAL 2020-21 WTU	50.8	5.2	11	17.3	15.3	0	0

Faculty Assignments AY 2021-2022

Semester	Year	Course Number	Class	Total Units	WTU Total	Sailor	R. Pryor	Moore	Clason	L. Pryor	Lewis	McMillen
Fa	1	202	Found of AT	1	2	2						
Fa	1	204	Documentation & Med Term	1	1			1				
Fa	1	212	IP AT I	8	8.9	3.9	2		3			
Fa	1	216	Research Methods in AT I	2	2		2					
Fa	1	251	Clinical Practicum I	3	6	1.5	1.5	1.5	1.5			
				15	19.9	7.4	5.5	2.5	4.5	0	0	0
Sp	1	222	IP AT II	6	6.9	2.3		2.3	2.3			
Sp	1	224	Gen Med & Pharm	2	2		2					
Sp	1	226	Research Methods in AT II	2	2			2				
Sp	1	228	Policies & Procedures	2	2							2
Sp	1	252	Clinical Practicum II	3	6	1.5	1.5	1.5	1.5			
				15	18.9	3.8	3.5	5.8	3.8	0	0	2
Fa	2	232	IP AT III	3	3.3	0.8		1.25	1.25			
Fa	2	234	Catastrophic Injury in Sport	2	2.3		2.3					
Fa	2	238	BOC Prep	1	1				1			
Fa	2	Current Issues in AT I (AT 296S) or Research Project hours		3	3	1	1	1				
Fa	2	253	Clinical Practicum III	6	12	3	3	3	3			
				15	21.6	4.8	6.3	5.25	5.25	0	0	0
Sp	2	242	Screen Assess & Inj Prev	2	2.3					2.3		
Sp	2	244	Psychosocial Aspects of Inj & Rehab	2	2						2	
Sp	2	248	Professional Practice in AT	2	2	2						
Sp	2	Current Issues in AT II (297S) or Research Project hours		3	3	0.75	0.75	0.75	0.75			
Sp	2	254	Clinical Practicum IV	6	12	3	3	3	3			
				15	21.3	5.75	3.75	3.75	3.75	2.3	2	0
Course WTU:					84.7							
PD					6			6				
CEC					6				6			
Fall 2021 WTU					41.5	12.2	11.8	10.75	12.75	0	2	2
Spring 2022 WTU					40.2	9.55	7.25	12.55	10.55	2.3	0	0
TOTAL 2021-22 WTU					93.7	21.75	19.05	23.3	23.3	2.3	2	2

Faculty Assignments AY 2022-2023

Semester	Year	Course Number	Class	Total Units	WTU Total	Sailor	R. Pryor	Moore	Clason	L. Pryor	Lewis	McMillen
Fa	1	202	Found of AT	1	2	2						
Fa	1	204	Documentation & Med Term	1	1			1				
Fa	1	212	IP AT I	8	8.9	3.9	2		3			
Fa	1	216	Research Methods in AT I	2	2		2					
Fa	1	251	Clinical Practicum I	3	6	1.5	1.5	1.5	1.5			
				15	19.9	7.4	5.5	2.5	4.5	0	0	0
Sp	1	222	IP AT II	6	6.9	2.3		2.3	2.3			
Sp	1	224	Gen Med & Pharm	2	2		2					
Sp	1	226	Research Methods in AT II	2	2			2				
Sp	1	228	Policies & Procedures	2	2							2
Sp	1	252	Clinical Practicum II	3	6	1.5	1.5	1.5	1.5			
				15	18.9	3.8	3.5	5.8	3.8	0	0	2
Fa	2	232	IP AT III	3	3.3	0.8		1.25	1.25			
Fa	2	234	Catastrophic Injury in Sport	2	2.3		2.3					
Fa	2	238	BOC Prep	1	1				1			
Fa	2	Current Issues in AT I (AT 296S) or Research Project hours		3	3	1	1	1				
Fa	2	253	Clinical Practicum III	6	12	3	3	3	3			
				15	21.6	4.8	6.3	5.25	5.25	0	0	0
Sp	2	242	Screen Assess & Inj Prev	2	2.3					2.3		
Sp	2	244	Psychosocial Aspects of Inj & Rehab	2	2						2	
Sp	2	248	Professional Practice in AT	2	2	2						
Sp	2	Current Issues in AT II (297S) or Research Project hours		3	3	0.75	0.75	0.75	0.75			
Sp	2	254	Clinical Practicum IV	6	12	3	3	3	3			
				15	21.3	5.75	3.75	3.75	3.75	2.3	2	0
			Course WTU		81.7							
			PD		6			6				
			CEC		6				6			
			Fall 2022 WTU		41.5	12.2	11.8	10.75	12.75	0	2	2
			Spring 2023 WTU		40.2	9.55	7.25	12.55	10.55	2.3	0	0
			TOTAL 2022-23 WTU		93.7	21.75	19.05	23.3	23.3	2.3	2	2

Appendix G – Culminating Experience guidelines

Thesis or Project as culminating experience:

- A) A Thesis or Project proposal must be developed with direction and assistance from the thesis chair or project advisor and other committee members.
 - 1) Committee selected (usually 3 members including thesis chair or project advisor).
 - 2) Enrollment in initial 3 units of AT 299 (Thesis) or AT 298 (Project)
- B) The Proposal Process

See the approved protocol for thesis and project proposals Abstract will be sent electronically to graduate faculty 5 business days prior to the proposal *and posted on the Graduate Bulletin Board.*

 - 1) Project and thesis proposals will be put in committee members' boxes with one additional copy left in the photocopy room for review by other graduate faculty members. This will occur 5 business days prior to the proposal.
 - 2) An oral presentation of the thesis/project proposal must be completed in front of the members of the graduate committee.
 - 3) If the thesis/project proposal is approved, then the *Master's Thesis (299) Committee Assignment Form* or the *Master's Project (298) Application/Acceptance Form* must be signed by the graduate committee and filed with the Graduate Program Coordinator.
 - 4) Human Subjects approval: If a quorum of graduate faculty members is present, a vote regarding the use of human subjects may be done at the proposal. If no quorum is present, human subjects review will occur at a graduate faculty meeting or electronically. If/when approved, the *Committee on the Protection of Human Subjects Departmental Review Form* is signed by members of the graduate faculty committee and filed with the Graduate Program Coordinator.
- C) Completing the Thesis or Project

See the approved protocol for thesis and project completion in the Athletic Training Program Graduate Guidelines.

 - 1) Enrollment in remaining 3 units of AT 299 (Thesis) or AT 289 (Project)
 - 2) Collect and analyze data as previously proposed. Write the thesis or project.
 - 3) Final draft distributed to committee members for review. A copy will be placed in the Kinesiology Department Copy Room. Signature of each committee member must be obtained (approval signature page) before the thesis or project can be approved.
 - 4) Thesis Only: Final draft submitted to Graduate School at least 6 weeks prior to the last day of instruction of the graduating semester (late in October or March).

Comprehensive Exam as culminating experience:

A) Make appointment with Graduate Program Coordinator early in the semester prior to taking the exam. Review Comprehensive Exam Guidelines & Appeals Process.

B) Write exam during scheduled time (*late in November or late in April*).

C) Comprehensive Exam Guidelines & Appeals Process

The Comprehensive Exam will be administered toward the end of each spring semester upon request of one or more students. Students wishing to take the Comprehensive Exam must make an appointment with the Graduate Program Coordinator early in their final semester to establish date, time and elective courses to be included below. The Exam will be 6 hours, to be administered for **3 hours on two days**. Students will answer one question from each of the following four categories:

1 Question from Research Methods (AT 216 and AT 226)

1 Question from Integrated Principles (AT 212, AT 222, and AT 232)

1 Question from Organization and Administration (AT 228 and AT 248)

1 Question from General Medical Emergencies (AT 214 and AT 234)

On the first day, the student will be expected to answer one question from the Research Methods category and one question from the Integrated Principles category. On the second day, the student will answer one question from the Organization and Administration category and one question from the General Medical Emergencies category.

Evaluation of the exam will be conducted by the Graduate Faculty. Identity of the exam author will not be made known to faculty members. Faculty who are knowledgeable in the course content will read and evaluate each answer on a ten-point scale. To pass the exam, a student must score a minimum of 7 points on each question. Students who do not achieve a passing score may retake the failed portion/s of the examination the following semester. Unless there are extenuating circumstances, the exam may be repeated only one time.

Completely answer **one** exam question for each category. The response must address the complete question and all its related aspects, and may require definition of key terms. Responses must incorporate materials from course readings and lectures for support. Opinion-based responses will be penalized when not supported by the literature. A reference page is not necessary; however, students must cite authors within their responses when paraphrasing or quoting authors' ideas. Graduate-level writing mechanics are expected for the response.

Appeals Process for the Comprehensive Examination

The comprehensive exam comprises four essay-style questions that cover ten graduate classes. The student will be required to answer one question from each of the four categories (Research Methods, Integrated Principles, Organization and Administration, and General Medical Emergencies). Each question is worth 10 points. In order to pass the exam, a student must earn a minimum of 7 points on each response.

Students who fail the comprehensive examination on their first attempt must retake any question(s) for which they earned a score of less than 7 out of 10. Make up exam dates will be scheduled by the Athletic Training Program Committee. The summer semester is not available for make-up examinations. Students will be given new questions and the scores from the second attempt will replace scores from the first attempt.

Students who wish to appeal their comprehensive exam results must schedule an appointment with the Graduate Program Coordinator. At that meeting, the Graduate Program Coordinator will share the instructor's (instructors') feedback for the failed question(s). The Graduate Program Coordinator will discuss the evaluation process and answer any questions. If a student wishes to appeal the score of the failed question(s), the student must explain in writing his or her objection and request that the instructor(s) review the original response(s) again. In order for this process to be objective, the student will not put his or her name on any written documents. The instructor will re-review the student's comprehensive exam response in conjunction with the student's written document(s). If the student's new score is 7 or more on a re-reviewed question, the new score will replace the original score for that question. However, if the student's new score is still less than 7 on a re-reviewed question, the student fails the comprehensive exam. The result of the Department-level appeal is final. The student may continue the appeal using the established University-appeal process.

Appendix H – MS in Athletic Training Course Sequence

Fresno State Athletic Training Program

Master of Science in Athletic Training – Proposed Fall 2020

Course Sequence

Fall Year 1 **15 units**

AT 202	Foundations of Athletic Training	(1)
AT 204	Documentation & Medical Terminology	(1)
AT 212	Integrated Principles of Athletic Training I	(8)
AT 216	Research Methods in Athletic Training I	(2)
AT 251	Clinical Practicum I	(3)

Spring Year 1 **15 units**

AT 222	Integrated Principles of Athletic Training II	(6)
AT 224	General Medical Conditions & Pharmacology	(2)
AT 226	Research Methods in Athletic Training II	(2)
AT 228	Policies & Procedures in Athletic Training	(2)
AT 252	Clinical Practicum II	(3)

Fall Year 2 **15 units**

Note: classes meet face to face first 8 weeks, immersive clinical with limited online coursework second 8 weeks

AT 232	Integrated Principles of Athletic Training III	(3)
AT 234	Catastrophic Injury in Athletic Training	(2)
AT 238	BOC Exam Prep Seminar	(1)
AT 253	Clinical Practicum III	(6)
AT 296S	Current Concepts in AT (or Thesis/Project hours)	(3)

Spring Year 2 **15 units**

Note: immersive clinical with limited online coursework first 8 weeks, classes meet face to face second 8 weeks

AT 242	Screening Assessment & Injury Prevention	(2)
AT 244	Psychosocial Aspects of Injury & Rehabilitation	(2)
AT 248	Professional Practice in Athletic Training	(2)
AT 254	Clinical Practicum IV	(6)
AT 297S	Current Concepts in AT (or Thesis/Project hours)	(3)

60 units total

Appendix I – Faculty Qualifications

Faculty	Rank & Appointment Status	Highest Degree Earned	Date & Field of Highest Degree	Professional Experience	Affiliations with other campus programs
Scott Sailor	Professor, Tenured	EdD	2004; Educational Leadership	<ul style="list-style-type: none"> • FT Faculty 2004-present; Lecturer 1998-2004 • Certified Athletic Trainer 1988-present • AT Program Director 2008-2015 • Kinesiology Department Chair 2013-present • National Athletic Trainers' Association President 2015-2018 	BS Athletic Training; MA Kinesiology
Stephanie Moore	Associate Professor, Tenured	PhD	2013; Rehabilitation Science	<ul style="list-style-type: none"> • FT Faculty 2013-present • Certified Athletic Trainer 2007-present • AT Program Director 2015-present • Research specialization in upper extremity injury, manual therapy, and orthopedic outcomes 	BS Athletic Training; MA Kinesiology
Riana Pryor	Assistant Professor, Tenure-Track	PhD	2014; Kinesiology	<ul style="list-style-type: none"> • FT Faculty 2018-present, PT Faculty 2014-2018 • Certified Athletic Trainer 2009-present • Research specialization in sports medicine policy and heat and hydration 	BS Athletic Training; MA Kinesiology
Brittany Clason	Part-Time Lecturer	MA	2012; Kinesiology – Sport Psychology	<ul style="list-style-type: none"> • PT Faculty 2011-present • Certified Athletic Trainer 2009-present • Currently enrolled in the EdD in Educational Leadership at Fresno State, anticipated graduation Spring 2021 	BS Athletic Training
Dawn Lewis	Professor; Tenured	PhD	2004; Kinesiology – Psychological aspects of sport and exercise	<ul style="list-style-type: none"> • FT Faculty 2003-present • Research specialization in psychological aspects of sport injury and recovery from injury 	BS Kinesiology; MA Kinesiology
J. Luke Pryor	Assistant Professor, Tenure-Track	PhD	2014; Kinesiology	<ul style="list-style-type: none"> • FT Faculty 2014-present • Certified Athletic Trainer 2009-present • Certified Strength & Conditioning Specialist 2013-present • Research specialization in heat and hydration 	BS Kinesiology; MA Kinesiology
John McMillen	Professor, Tenured	JD, PhD	1999; Educational Administration, Curriculum & Instruction 1996; Doctor of Jurisprudence	<ul style="list-style-type: none"> • FT Faculty 1999-present • Sport Administration option coordinator 2007-present • Research specialization in law and equity 	BS Kinesiology; MA Kinesiology

Appendix J

Henry Madden Library Resources and Services

Kinesiology

The Henry Madden Library serves all students and faculty at Fresno State. Library resources are available 24/7 through the library website <http://www.fresnostate.edu/library>. Through this website students, faculty, and researchers can find library books, media, and periodical holdings; link to subject databases and consult research guides; access online journal articles; get research assistance from reference librarians; make interlibrary loan requests; and link to other library catalogs in the region, state, and beyond. All Fresno State students may check out materials from any other CSU campus.

The Library offers a wide variety of electronic resources and databases supporting research in the Kinesiology program. <http://xerxes.calstate.edu/fresno/databases/subject/kinesiology>. Some of these used regularly by students and faculty include CINAHL, PubMed, ScienceDirect, the Cochrane Library, and Web of Science. All databases are accessible on campus and are available 24/7 remotely to currently registered students through the campus proxy server.

The Library provides a variety of electronic journal packages, including Elsevier ScienceDirect, Wiley InterScience, Emerald Fulltext, Sage Journals Online, and SpringerLink. These packages have greatly increased the number of journals to which Fresno State students and faculty now have access. For example, ScienceDirect alone contains 3,000 full text journals in the health sciences.

In addition to these databases, the library offers a Kinesiology research guide <http://libguides.csufresno.edu/kines>, which contains carefully selected additional resources and information.

To supplement the library's collections, several resource-sharing systems are in place to make the collections of other libraries available. The Link+ system provides rapid delivery of books from over 50 different libraries throughout California and Nevada. The Interlibrary Loan service (ILLIAD) will borrow books and obtain journal articles at no cost to the user. The GetIt@CalState service provides faculty and graduate students with articles from participating publishers, with direct electronic delivery within a few hours.

Students and faculty also have access to local medical libraries' collections of journals and books not available at the Henry Madden Library. Fresno Community Hospital, Veterans Administration Medical Center, St. Agnes Medical Center, and Children's Hospital Central California, and the UCSF Fresno Medical Library all allow access to their facilities and resources.

Jane Magee serves as the library health sciences liaison at Fresno State and is available for assistance in orientation, instruction, research, and access to information and resources. In addition, there are general tutorials in Blackboard on searching for books and articles. Reference assistance is available from library staff all hours that the library is open, and through a 24/7 cooperative virtual reference service called QuestionPoint when the library is closed. Students and researchers may consult with reference staff in-person in the library, or by phone, email, or instant message. Those who require in-depth help may make appointments with the liaison for specialized research assistance.

**Prepared by Jane Magee
10/03/2016**

**University Budget Committee
Budget Analysis Guidelines**

Master of Science in Athletic Training Program Proposal

It is the charge of the University Budget Committee to provide an analysis of budgetary impact to the Academic Senate of those proposals submitted for Senate for approval. The University Budget Committee expects the initiating department/program to provide a reasoned estimate of those changes that will result from implementation of their proposal. The estimate is to be provided in the form of quantitative and narrative descriptions, so as to permit University Budget Committee analysis. The University Budget Committee also requires evidence that the proposal has received fiscal review at the College/School level. The University Budget Committee therefore requests that departments/programs use the following guidelines in providing the information required.

I. Projected changes in enrollment (FTES)

- a) What is the recent enrollment history of the program and what effect will the proposed changes have on enrollment? **The current Bachelor of Athletic Training (BSAT) program enrolls approximately 20-24 students per cohort for a total of 48 students enrolled in a given year. The proposed changes are not expected to have an effect on enrollment as the maximum cohort size will remain 24 for the Master of Science in Athletic Training (MSAT).**

Recent enrollment history of the BSAT:

2018-2019: 32 declared majors – 32 in program (11 juniors, 21 seniors; 21 expected graduates)
2017-2018: 40 declared majors – 40 in program (22 juniors, 18 seniors; 18 expected graduates)
2016-2017: 40 declared majors – 40 in program (24 juniors, 16 seniors; 16 expected graduates)
2015-2016: 54 declared majors – 37 in program (16 juniors, 21 seniors; 16 degrees granted)
2014-2015: 82 declared majors – 42 in program (21 juniors, 21 seniors; 21 degrees granted)
2013-2014: 146 declared majors – 44 in program (21 juniors, 23 seniors; 23 degrees granted)*

*Beginning in 2009 a Pre-Athletic Training (Pre-AT) major was better communicated to students as well as the fact that the BSAT program was impacted and a secondary application/criteria was required. Starting from that point students were no longer able to be admitted as Athletic Training until accepted into the program and were changed into pre-Athletic Training. However, some students who had been listed as an Athletic Training major but not accepted to the program had not yet changed their major in the system, which is why the number of declared majors does not match the number of students in the program. As of AY 2016-17 the number of declared majors now matches the number of students accepted to the program.

The creation of the Pre-AT led to a decrease in the number of students listed as Athletic Training but a tremendous increase in the number of pre-Athletic Training students. We anticipate drawing from this pool of students once this master's degree program begins. Once the MSAT begins, we will eliminate the Pre-AT major as it does not lead to a degree. We have begun advising Pre-AT students to change into Kinesiology-Exercise Science which will allow them to complete the necessary prerequisite coursework for the MSAT. Below is listed the number of Pre-AT majors over the past four years. As of 9/24/2018, all Pre-AT majors were moved to Kinesiology – Exercise Science.

2018-2019: Pre-AT major discontinued, all moved to Kinesiology - Exercise Science
2017-2018: 142 declared Pre-AT majors
2016-2017: 199 declared Pre-AT majors
2015-2016: 201 declared Pre-AT majors
2014-2015: 155 declared Pre-AT majors
2013-2014: 62 declared Pre-AT majors

- b) If FTES is expected to increase, what proportion represents new FTES and what proportion represents shifts from existing programs?
The current BSAT program has 19 program-specific courses equating to 45 units. The proposed MSAT has 20 courses equating to 60 units. With a full cohort of 24 students, the current BSAT FTES is 72, and the proposed MSAT will be 120 FTES. The proposed degree transition would result in a 46 FTES increase.

All FTES are new. While the content of the professional Master of Science in Athletic Training is similar to the professional Bachelor of Science in Athletic Training, the curriculum needed to be redesigned to meet the rigor required of a graduate degree.

- c) How did you estimate your expected changes in enrollment?

There are no expected changes in enrollment from the cohort size of the BSAT to the MSAT.

2. Projected changes in existing curriculum

- a) Will there be changes in the cost of delivering the curriculum? What will those costs be and what is their basis?

The existing facilities and classroom setup used in the current undergraduate program will be used for the proposed MSAT, minimizing cost of delivering the new curriculum. Much of the equipment we expect to use for labs and courses is already available.

- b) For new courses, what is the estimated class size, frequency, and level/classification ("S" or "C" classification) of course delivery? Please be specific.

Estimated class size is 24 for all MSAT courses. Please see Appendix A which provides the requested information.

- c) For courses currently being offered, will there be changes in class size, frequency, level or classification of course delivery? Please be specific.

No classes currently being offered are part of the new program.

- d) Will courses be dropped from the existing curriculum? Please list specific courses.

The following courses will be dropped from the existing curriculum:

Kines 138 A (3 units/3.3 WTU)

Kines 138 B (3 units/3.3 WTU)

Kines 139 (3 units/3.3 WTU)

Kines 140 A (3 units/3.3 WTU)

Kines 140 B (3 units/3.3 WTU)

Kines 141 (3 units/WTU)

Kines 142 (1 unit/WTU, taken 4 times for a total of 4 units/WTU)

Kines 143 A-D (2 units/3 WTU each for a total of 8 units/12 WTU)

Kines 180T – Anatomy of the Appendicular Skeleton (3 units/3.3 WTU)

Athletic Training majors make up one section of the following five Kines courses. There will be no Athletic Training majors in these courses after the BSAT is dropped:

Kines 116, 118, 163 (3 units/3.3 WTU each) and Kines 121, 137 (3 units/3 WTU each)

However, overall the number of sections is not likely to decrease to meet the demand of an increasing number of Exercise Science option students which is unrelated to the Athletic Training degree transition.

3. Projected changes in faculty

- a) Will there be a shift in faculty assignments? If so, what will be the difference between current and proposed assignments?

Current: Three full-time T/TT faculty (one currently has a 9 unit release/semester to serve as Department Chair), one PT lecturer who teaches over 28 WTU per AY, and two part-time lecturers who teach 1.3 to 2 WTU per AY.

Proposed: The three T/TT faculty teaching in the BSAT will teach in the MSAT. The PT lecturer teaching over 28 WTU per AY is currently completing a terminal degree and is expected to complete the degree Spring 2021.

- b) Will there be shifts in faculty numbers or distribution (T/TT vs FT/PT)? If so, what will they be?

Faculty teaching in the MSAT will need to have a terminal degree, so another T/TT faculty with terminal degrees may be needed as we need 4 faculty teaching a full load in the MSAT to cover all WTUs.

- c) Will new positions be added/required and what resources will be used to acquire them?

Staff: With such a large increase in the number of students applying to graduate degrees in the Department of Kinesiology, it is anticipated that additional staff support will be necessary to assist the Graduate Coordinator, Dr. Jenelle Gilbert, in managing this increased number of students.

4. Projected changes in budget

a) What is your current operating budget?

The current budget for the Bachelor of Science in Athletic Training is incorporated into the overall budget for the Department of Kinesiology. Support for supplies, equipment, and faculty come from this budget. The current program costs approximately \$201,533 in program contract expenses. This includes the portion of salaries for all T/TT as well as FT/PT faculty who teach courses specific to this degree. Approximately \$126,953 is the cost of T/TT faculty with the remainder, approximately \$74,580 covering FT/PT lecturers.

b) What are your current positions (T, TT, FT, PT, staff)?

One tenured professor, one tenured associate professor, one tenure-track assistant professor, and three part-time lecturers

5. Budgetary impact over time

a) What are the projections for 1, 3 and 4 above as the program moves through its first cohort and sufficient courses and resources are brought online to satisfy the graduating cohort and all new cohorts at that time?

i. FTES – The proposed program will enroll the same number of students as the current program.

There will be an increase in the number of FTES generated by this program because students will be taking more units unique to this degree. The current degree includes 45 units in the major along with 15 units of pre-requisites, 9 units of elective, and 51 units of general education requirements. Thirty-three of these units are unique to Athletic Training. Athletic training students as well as students pursuing a degree in Kinesiology take the remainder of the units. The proposed program will be 60 units exclusive to Athletic Training. This will generate additional FTES even though the number of students in each cohort is similar to those accepted at the bachelor's level. For a cohort size of 24, the BSAT generates 74 FTES and the MSAT would generate 120 FTES, resulting in a 46 FTES increase.

ii. Faculty – Moving to a Master's degree will change the qualifications for the faculty who are teaching within this program. The need for the faculty member to have a terminal degree limits our access to faculty and, short of hiring additional faculty, will require we "borrow" qualified faculty from existing programs within the Department. We anticipate the need to hire 1-2 new faculty over the next several years throughout the implementation of this program. In the short-term, we will utilize some current faculty as well as a couple individuals in the community who have the necessary credentials.

iii. Operating Budget – Because this is an existing program who already utilize facilities, supplies, staff, and equipment, we do not have concerns that the new program will lack support in these areas. There will be necessary equipment purchases moving forward but this is simply due to a normal process of curricular updating, etc. The same updates would be necessary if this program remained undergraduate. The greatest increase in budget comes from the need to hire additional faculty. This is offset, to a degree, with less necessity to hire part-time lecturers who currently teach in the undergraduate program but the reduction in the part-time budget does not match the increase that will result from hiring tenure-track faculty. Fortunately, we will benefit from the additional contributions tenure/tenure-track faculty bring to the life of the University as well as to the community. These contributions are priceless.

b) What are the plans for a systematic budgetary review of the program at the end of the transitional period (toward full implementation when all cohorts are in place)?

This program will be evaluated annually as are each program in Kinesiology. Success of this program is also evaluated on an annual basis through the specialty accreditor.

6. Do you anticipate outside revenue to support your program (state funds, grants/contracts, endowments, etc.)?

a) Will budget requirements change and what will those changes be (e.g. in operating budget, facilities, equipment, technical support, staff, etc.)? Please specify.

It is not anticipated that there will be any form of outside revenue for this program.

- b) Will there be any increase in administrative roles/responsibilities that require buy-back or release time?
Program Director (PD) – 6 WTU (currently 4 WTU/academic year)
Clinical Education Coordinator (CEC) – 6 WTU (no change)

This is only a 2 WTU increase as the BS in Athletic Training currently has 4 WTU release for PD and 6 WTU release for CEC per academic year.

- c) How will the expected changes in budget requirements be met?
A portion of the increase to the budget will come from adjustments made due to the increase in FTES generated by the master's degree program compared to the current bachelor's degree program.
- d) Has the budgetary impact of the proposal been reviewed by the College/School Budget Committee and Office of the Dean?
Not as of 11/2/16

7. Effect on Support Services and programs in other Colleges/Schools

- Are support services (e.g. Library, AIC) required for program implementation and function?
The support services currently available for the existing BSAT are adequate for implementation and function of the MSAT.
- Are programs in other Colleges/Schools directly affected by the proposal and in what way?
No programs in other Colleges/Schools will be directly affected by the proposed degree program.
- Who are the representatives in the affected service areas and/or Schools/Colleges that have been contacted?
N/A

Appendix A. Course Classification Information

Semester Offered	Year	Subject	Course Number	Class	Component	Units	CS	APDB Cmp Units	K classification
Fa	1	AT	202	Foundations of AT	LAB	1	16	1	2
Fa	1	AT	204	Documentation & Med Term	LEC	1	3	1	1
Fa	1	AT	212	IP AT I	LEC	5	2	5	1
Fa	1	AT	212	IP AT I	LAB	3	13	3	1.3
Fa	1	AT	216	Research Methods in AT I	LEC	2	3	2	1
Fa	1	AT	251	Clinical Practicum I	LAB	3	17	3	2
Sp	1	AT	222	IP AT II	LEC	3	2	3	1
Sp	1	AT	222	IP AT II	LAB	3	13	3	1.3
Sp	1	AT	224	Gen Med & Pharm	LEC	2	2	2	1
Sp	1	AT	226	Research Methods in AT II	LEC	2	3	2	1
Sp	1	AT	228	Policies & Procedures	LEC	2	2	2	1
Sp	1	AT	252	Clinical Practicum II	LAB	3	17	3	2
Fa	2	AT	232	IP AT III	LEC	2	2	2	1
Fa	2	AT	232	IP AT III	LAB	1	13	1	1.3
Fa	2	AT	234	Catastrophic Injury	LEC	1	4	1	1
Fa	2	AT	234	Catastrophic Injury	LAB	1	13	1	1.3
Fa	2	AT	238	BOC Prep	SEM	1	5	1	1
Fa	2	AT	296S	Current Issues in AT I	SEM	3	5	3	1
Fa	2	AT	253	Clinical Practicum III	LAB	6	17	6	2
Sp	2	AT	242	Screen Assess & Inj Prev	LEC	1	2	1	1
Sp	2	AT	242	Screen Assess & Inj Prev	LAB	1	13	1	1.3
Sp	2	AT	244	Psychosocial Aspects of Injury & Rehabilitation in AT	LEC	2	4	2	1
Sp	2	AT	248	Professional Practice in AT	LEC	2	2	2	1
Sp	2	AT	297S	Current Issues in AT II	SEM	3	5	3	1
Sp	2	AT	254	Clinical Practicum IV	LAB	6	17	6	2
Fa & Sp	2	AT	298	Project	SUP	3	25	0	0.5
		AT	298C	Project Continuation	SUP	0	25	0	0.5
Fa & Sp	2	AT	299	Thesis	SUP	3	25	0	0.5
		AT	299C	Thesis Continuation	SUP	0	25	0	0.5