

Sports Medicine/Athletic Training

2019 Program Review

MJC Program Review 2019

Modesto Junior College's Program Review process is divided into 3 sections:

- Program Analysis (SWOT Analysis)
- Goal Setting and Activities
- Resource Request

Program Analysis

Internal Strengths

1. What strengths does the analysis of student data reveal?

Students who enroll and complete the program are excelling in the healthcare field. From the last 3 years since the new Athletic Trainer (AT) was hired 90% of the students have either transferred to a 4 year college, were admitted into the nursing program or gained employment as a physical therapy aide, personal trainer, coach and/or referee.

2. Are there specific aspects of the program that are exemplary or could serve as a model?

The Student Supervision Courses are exemplary and offer students the opportunity to work in real-life situations with current student-athletes.

MJC Athletic Training Program provides a superior student-centered learning environment that effectively links didactic and clinical education. We enhance best professional and clinical practice in diverse allied healthcare settings. Specifically, the Athletic Training program focuses on enhancing professional competence, evidence-based practice, leadership, intercultural and inter-professional perspectives, ethical reasoning, and sustainability. The AT Program educates tomorrow's Athletic Training leaders and practitioners in a culture that values diversity, collaboration, community, innovation, critical thinking, and lifelong learning. We are committed to edifying and cultivating our students as they transition to confident and competent practitioners who will continue to promote the Athletic Training profession throughout their career.

3. What do others see as the program's strengths?

Accessibility of internship opportunities and working with student-athletes. Institutions history and alumni connections in the athletic training realm. The care provided by the AT and student ATs helps the student-athletes excel in their sport, they also help maintain the student-athletes stay in school and provide necessary skills to excel in life and in the work force.

4. How well are students meeting program learning outcomes, skills, or competencies; and how are they relevant to careers in your discipline or industries for which you help prepare students?

All of this is under the supervision of a Certified Athletic Trainer Entry-level Practice 1. AT Students are able to practice professionally and ethically as highly qualified student athletic trainers.

Evidence-based Practice 2. AT students use basic sciences, peer-reviewed research, and critical thinking skills to review and interpret healthcare research to integrate evidence based practice into daily patient care.

Contemporary Practice 3. AT students utilize current and emerging technologies in patient education and patient care.

Quality Healthcare 4. AT Students deliver humane and ethical health care in diverse allied healthcare settings which reflects respect, dignity for the individual, and cultural competence.

Interpersonal and Interprofessional Relationships 5. AT Students build positive professional relationships and effectively communicate (verbal and written) with patients, other health care providers, and the general public in a variety of contexts.

Professional Involvement and Continuing Education 6. AT Students promote the athletic training profession and it's contributions to healthcare by engaging in club leadership and ideally lifelong learning.

Internal Weaknesses

5. What gaps are observed by reviewing the student data?

In order to stay competitive teams are carrying more athletes on their teams and non-traditional seasons have become the norm. As the number of athletes have increased, so has the contact hours and number of injuries. In collegiate sports, it is common to have a collaborative health care team that includes athletic trainers (ATs), physical therapists, physicians, and physician assistants. At MJC we have .7 of an AT, because of the split duties and a team physician to care for the 450-500 student-athletes, meaning we are deficient in the needs to our institution. Some variables that must be considered in determining an institutions need for athletic medical services are the number of athlete-exposures, number and types of sponsored athletic teams and athletes to be covered, overlap of seasons, length of seasons, and frequency and duration of practices, training sessions, and competitions.4,

6. What disproportionate gaps need to be addressed?

Adequate healthcare not only for the student-athletes but for supervision of the athletic training students

From August 31 to December 6, 2016 there have been 1,480 recorded interactions that include evaluations, treatments and rehabilitations that were documented. In that same timeframe 71.3% were males and 28.7% females that were treated. This statistic may be a bit skewed because this is during football season and there are larger number of athletes on that team. I think another factor to take into consideration is the amount of people in the Athletic Treatment Center at one time, with only one athletic trainer. Some student-athletes may be discouraged or do not have enough time between classes or before practice to be treated. By hiring another Certified Athletic Trainer, better care can be given to the student-athletes. As one can surmise from this, MJC is severely deficient in the healthcare of its student-athletes. There is (less than) one athletic trainer to care for the 450+ student-athletes. To top it off we have two separate campuses. The East Campus hosts majority of the sports teams, whereas men and womens soccer and softball teams are housed on the West Campus. To help with this issue, we hire a substitute athletic trainer when there are events on the other campus. This covers the bare minimum, but there is no continuity of care as it is never the same substitute athletic trainer and there is lack of communication when injuries occur. CCCAA bylaws state that the host athletic trainer will notify the visiting teams athletic trainer when a concussion has occurred, but courtesy is that we notify the visiting teams athletic trainer of any injury that occurs at our events. There is no way to adequately care for all of the MJC student-athletes with one athletic trainer. With the increase of concussion management standards, increase of numbers of student-athletes and the days that they participate, as well as the student supervision policies now in place, MJC should seriously consider hiring at least one more Certified Athletic Trainer. If there are any questions, comments or concerns they should be directed to Jamie DeRollo, MJC's new Head Athletic Trainer and Treatment Center Coordinator.

7. What are areas in which the program could improve? (curriculum, scheduling, modality, other?)

Increased number of Certified Athletic trainers to help with the care provided to the student-athletes and the supervision of the athletic training students. Increased budget to allow for additional modalities (such as laser therapy, rehabilitation tools, etc) that have been acquired via written grants by the athletic trainer.

A new ice machine is needed to help with the care provided to the student-athletes. A budget for continuing education units (CEUs) for the Certified Athletic Trainers to maintain their certification and to stay current in technology and healthcare. Currently, the AT has had to spend own money to attend state, district and national conferences. At these conferences courses are taken to expand knowledge and networking is done. There is also personal money spent on having an MJC alumni gathering of former AT students who are now in the field. Facilities need to be updated, expanded and kept clean. (There is currently a make-shift office, since the original office blew up in the pool explosion. Facilities of the current fields, pool need to be addressed. They are a healthcare concern as they are prime opportunity for student-athletes to get injured. Holes in fields (including practice field) and

the community brings in dogs who pose as a health hazard as they urinate and poo on the fields. Scheduling-it is so difficult for students to get into courses for math and science which are required for this program/degree.

8. Where are there gaps in the program on how students are meeting learning outcomes, skills, or competencies?

Some gaps are the scheduling. AT students often have to wait 2-3 semesters to get into anatomy, chemistry, physiology and math courses. These courses do not have enough seats and fill up well before the AT student enrollment time. Because students do not have anatomy under their belt after the first or second semester they are often left to complete these courses after they have done the supervision course and lose some of the momentum and skills they gained while in the clinic.

External Opportunities

9. Where are potential opportunities for expansion, improvement, or new program development?

Modesto City Schools are trying to hire full-time Certified Athletic Trainers. It passed school board and is being sent to Chancellors office for approval. University of Idaho met with MJC faculty to work on an affiliation agreement. They are proposing a 2-1-2 program. Meaning students would be at MJC for 2 years and go to Idaho for the 1 year for their Bachelors and 2 years for their Masters and be able to sit for the Board of Certification (BOC) exam to become Certified. Summer 2019 meetings with Stanislaus State to articulate more of the Sports Medicine/Athletic Training courses. 2019-2022 affiliation agreement with University of the Pacific, Masters in AT Program (approved by Dean, MJC and Board). Currently have one Masters student as a clinical site for the Fall 2019 semester. MJC hosted the ACDA (American College Dance Association) in 2017 and the sports medicine students provided healthcare to the participants on both campuses. Numerous guest lectures/speakers in the healthcare field to the students (ie-surgeons, sports nutritionists, chiropractors, physical therapists, functional movement screen specialists, athletic trainers in various settings such as clinic, hospital, Olympics, industrial settings like Frito Lay)

10. What are some industry or disciplinary trends that could enhance the program?

The sports medicine world is going from a coverage model (be out at every practice) to a healthcare model (provide healthcare and not just sit at practice). This will make athletic trainers seen more so as healthcare providers, which has been recognized by the American Medical Association since 1991. Currently working on implementing an electronic record keeping system. Athletic trainers are medical professionals that receive comprehensive didactic and clinical training in concussion management. A concussion is a trauma-induced alteration in mental status that may or may not involve the loss of consciousness.¹ In 2010, concussion management standards increased as more research was introduced and the growing concern over concussion in sport had led to numerous publications, position and consensus statements since 2000. 1-3 With this knowledge MJC needed to implement a comprehensive concussion management program to provide better concussion care for student-athletes. Prior to August 2016, there was no documentation to review, as there had

been no documentation system in place. In the 16 weeks of fall 2016 semester there had been 12 concussions sustained from athletes in football, soccer, volleyball, water polo, wrestling and basketball. Out of the 1480 logged evaluations, treatments and rehabilitations documented, 7% were head/face injuries.

External Threats

11. How are changing resources, technology, employer, or transfer requirements affecting the program’s ability to serve students?

Some colleges are now requiring physics as a pre-requisite to get into programs. It is already difficult to get in the required coursework and with this additional requirement to transfer, it may delay their completion at MJC. Student supervision policies. National and state regulations are changing and supervision is required at all times when dealing with student-athletes. In the past students could offer to help other schools. They have a little knowledge, but should not perform anything without the supervision of a certified AT.

12. What are some current industry or disciplinary trends that could have a negative impact on the program?

The athletic training degree will change to a Masters degree by the year 2022 for all colleges and universities. Meaning in order to become a Certified Athletic Trainer one must complete an accredited Masters Program to sit for the BOC. With the degree change from Bachelors to Masters some students may be deterred from the profession.

13. What other obstacles does the program face?

California is the only state that does not require licensure for athletic trainers. This means anyone can call themselves an AT or potentially work as an AT without the education and experience to adequately do their job.

Goal Setting and Activities

Goals

Program Goal	Mission Alignment	Area of Focus
Increase the number of Certified Athletic Trainers on staff from 2.4 (currently have 2, .7 full-time faculty and 2, 47.5% Classified) to 4 full-time, which is required according to the AMCIA (Appropriate Medical Coverage of Intercollegiate Athletics) equation, based on the number of student-athletes and sports here at MJC, within 2 years.	Programs / Services based on Scholarship of Teaching and Learning	Pedagogy
1. Improve facilities of the Athletic Treatment Center and playing fields, mats, gym and pool to	Equity	Student Support

proper standards according to CCCAA/NCAA guidelines, in order to reduce the number of preventable injuries and increase athletic training student experience.

3. Increase the number of exposures to other healthcare providers both in the field and in the classroom to at least 6 a semester.

Innovative
Education

Curriculum

Affiliate with other colleges with a transfer degree to allow for more opportunity for an easier pathway for current athletic training students.

Workforce Needs

Internship/Service
Learning

Activities

Activities	In Support of Goal #	Outcome or Deliverable
Present to dean's cabinet the need for additional staff for adequate healthcare of student-athletes and instruction of athletic training students.	Goal #1	PowerPoint presentation on the need for additional staffing to include rationale due to increased numbers of student-athletes, athletic training students, increase of non-traditional sports and seasons, student supervision policies have changed, concussion protocol and care have increased and changed as well as increase of teams sizes.
Have additional exposures to other healthcare providers both in field and in class.	Goal #3	Additional guest speakers/lecturers from various backgrounds. Have athletic training students observe and shadow other healthcare providers or interview them when unable to shadow. Working on being able to observe an orthopedic surgery. Field trips to other athletic training facilities or sporting events that MJC does not offer.
Affiliation with other colleges to make an easier transition or pathway for athletic training students.	Goal #4	Affiliation agreements to accept coursework taken at MJC
Attend National Athletic Training Association Clinical Symposium	Goal #4	Learn current information, tools and techniques to be able to bring back to educate the athletic training students on what is occurring in the sports medicine world. Would also allow for networking and be able to expand exposures for the MJC athletic training students. Should be able to affiliate with CAATE accredited universities that students can transfer to.

Resource Requests

Category	Request	Activity #	Estimated Cost
Prof. Devel.	Attend NATA symposium and Conference	4	2100
Prof. Devel.	Guest lecturers and field trips to other healthcare facilities	2	400
Prof. Devel.	Meet with 4 year college Program Directors	3	300
Equipment	Ice Machine	1	2500
Equipment	Facilities Updated to proper standards	1	NA
Technology	Medbridge Account	2	450
Personnel	1 Additional staff	1	70000
Personnel	1 additional Classified staff	1	50000
Facilities	Update Athletic Treatment Center	1	50000
Facilities	Soccer Field grass leveled and maintained	1	50000
Facilities	Tennis Courts redone to fix multiple cracks everywhere	1	90000