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Collegiate Student Athlete Perception Of Satisfaction And Comfort With Athletic Training Students

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COLLEGIATE STUDENT ATHLETE PERCEPTION OF SATISFACTION AND COMFORT
WITH ATHLETIC TRAINING STUDENTS

A thesis

Presented to

The College of Graduate and Professional Studies
Department of Applied Medicine and Rehabilitation
Indiana State University
Terre Haute, Indiana

In Partial Fulfillment

of the Requirements for the Degree
Master of Science in Athletic Training

by

Keith Tebbe

August 2012

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Keywords: athlete, satisfaction, comfort, athletic training student

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ABSTRACT

TITLE: Collegiate student athlete perceptions of satisfaction and comfort with athletic training students

CONTEXT: Athletic training students (ATS) and student athletes have a large amount of interaction with one another. Many other medical professions study the interaction that their students have with a patient population.

OBJECTIVE: Investigate student athlete's perception, satisfaction, and comfort with ATSS.

DESIGN: Online survey.

SETTING: Student athletes at CAATE- accredited institutions.

PARTICIPANTS: 66 student athletes (20 male, 46 female) from 22 universities

DATA COLLECTION: The survey consisted of 3 yes/no questions, 5 demographic questions, 1 multiple-answer question asking the participant to select characteristics that describe an ATS, 21 Likert scale questions based off previous perception and comfort studies, and 5 open ended questions.

ANALYSIS: Analyzed for statistics of central tendency

RESULTS: Student primarily perceive ATSS for taping ankles (n=62, 93.9%), distributing water/sports drinks (n= 62, 93.9%), and rehabilitating injuries (n=60, 90.9%). Athletes did not perceive ATSS as licensed health care professionals and minimally perceived ATSS as participating in emergency care. Athletes were most satisfied with of respect ATSS

demonstrated (4.3 ± 0.8). Student athletes were least satisfied with ATSs' communication with coaches (3.7 ± 1.2). Student athletes were most comfortable with the ATS asking the ATC when unsure of an injury (4.7 ± 0.5). Student athletes were least comfortable with discussing personal issues with an ATS (3.6 ± 1.0).

CONCLUSIONS: We found that in general, student athletes were satisfied and comfortable with the ATSs at their institution. ATSs, like other medical profession students, are receiving satisfactory marks from their patient population.

KEYWORDS: athlete, athletic training student, satisfaction, comfort

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CHAPTER 1

INTRODUCTION

Paragraph Number 1 Patient satisfaction is closely related to health outcomes. ¹⁻⁴

Patients who experience advanced illness tend to be less satisfied with the healthcare services provided. ¹⁻⁴ Consequently, poor patient satisfaction creates poor patient outcomes. Patient satisfaction is an essential component in patient care and positive outcome. Medical entities that participate in student education must also assess patient satisfaction with students and student supervision to understand the impact on patient outcomes. ⁵⁻¹⁴

Paragraph Number 2 Medical professions use supervised clinical experiences to socialize students into the profession. ^{15,16} Through this supervised socialization, students are able to use the skills they learn in the classroom and practice under supervision in the real world setting. Athletic training education, much like most allied health care fields, require students to engage in clinical education formerly identified as an internship. ¹⁵⁻³² Athletic Training education also requires athletic training students (ATS) to engage with patients in a clinical/internship model under supervision. ³² Supervised interactions between student and patient helps the ATS develop professional skills needed to practice in the professional setting as a licensed practitioner. ATs clinical experiences include interaction with a diverse patient population, but most often with collegiate athletes. ³³ An emphasis in athletic trainer clinical education is placed

on athlete/patient interaction, yet research is lacking that investigates this relationship and the perceived satisfaction of care.³³

Paragraph Number 3 Currently one published study has been conducted to assess collegiate athlete satisfaction with ATs and focused on the overall athletic training services provided by that single institution.³³ A majority of the literature on athlete satisfaction has investigated student athlete satisfaction with health care services provided by certified athletic trainers (AT).³³⁻³⁵ Since ATs are future professionals, studying the level of student athlete satisfaction with the ATs can help identify that education programs are meeting their intended outcomes, to educate and socialize students into the profession through clinical education and effectively care for patients. Evidence that ATs are providing efficacious results to their patient population is essential to ensure that the public is receiving appropriate treatment and that future professionals receive proper supervision. Studying the athletes' perception and satisfaction with the supervised health care services provided by ATs can improve our understanding of how pre-professionals are perceived and therefore mentors can better aid future practitioners in navigating patient/practitioner interaction. The purpose of this study is to assess student athlete satisfaction of supervised ATs interactions and care in the collegiate setting.

Research Question

Paragraph Number 4 What is collegiate student athletes' perception of satisfaction and comfort with the supervised health care services provided by the ATs at their institution?

Expected Outcomes

Paragraph Number 5 The purpose of the proposed project is to assess student athlete's perception of satisfaction and comfort with the supervised ATs at that institution. We expect to

see similar results as studies that have investigate patient/medical student interaction. We aim to gain a better understanding of what student athletes perceive ATS roles to be.

CHAPTER 2

REVIEW OF LITERATURE

Paragraph Number 1 An essential component of athletic training education programs (ATEP) is interaction between the student athletes and the athletic training students (ATS) for clinical education. Other medical fields have studied the interaction between student and patient, and patients have been satisfied with the care given by medical students.⁵⁻¹⁴ The impact of these interactions has not been completely understood in athletic training education. Current studies have focused on the perception and satisfaction that student athletes have with certified athletic trainers (AT) while there has been little focus on student athlete perceptions and satisfaction with ATSs.³³⁻³⁵ Perception and satisfaction surveys provide valuable information that may be used to adapt the preparation of athletic training professionals as well as enhance patient outcomes. The following literature review will discuss satisfaction studies done in other student/patient medical fields, the evolution of athletic training education, athletic training students, and previous satisfaction studies in athletic training.

Search Strategy

Paragraph Number 2 Databases including EBSCOhost, CINAHL, MEDLINE, SPORTSDiscus, and PUBMEDcentral were used in the search of this literature. Other sources were obtained through references and related websites. The following words were used singularly or in combination with one another: Perception, Student Athlete, Athletic Training

Student, Athletic Trainer, Satisfaction, Learning Styles, ATEP, Education, History, Internship, Apprenticeship, Skills, Certified, NATA, Domains, Clinical, Collegiate, Undergraduate, Peer, Board of Certification, Professional, Socialization, Program, Athletic Training, CAATE, CAAHEP, Services, Unruh, Nursing, Medical, Students, Patients, Intern, Likert, Illness, Clinician, Teaching, Hospital, Therapy, Physical, Occupational, Supervision, Feedback, Survey, Doctor, Nurse.

Paragraph Number 3 Inclusion criteria for the study were based on education, athletic training, medical education, satisfaction, medical care, and student patient interaction. Three hundred articles were found and forty-nine articles were selected for the review of literature.

Studies in Other Student/Patient Medical Fields

Paragraph Number 4 Other medical professions with patient/student interactions have evaluated perceived satisfaction of health care services received by a medical student/intern. Some patients reported that they were better informed of their problem when the medical student was present during the exam.⁶ Patients interviewed after a first year medical student conducted the history portion of an examination, suggest that overall, patients had positive experiences with the medical students and feel like they are helping the future of the profession.⁵ Overwhelming satisfaction, 90.3% of patients, report having positive interactions during their treatment and were satisfied with the care they received.⁷

Paragraph Number 5 One factor that may affect the satisfaction with medical residents can be their year in the residency. First year residents were depicted to have lower satisfaction scores than second year and third/forth year residents.¹⁰ Second, third and fourth year residents were also more comparable to the more experienced doctors on staff.¹⁰ ATSS, like residents, will

go through an adjustment period during their first year in the ATEP. This adjustment time may also result in lower scores for a first year ATS compared to a second or third year ATS.

Paragraph Number 6 Students in other medical fields are interacting with patients during care and have received high satisfaction rates.⁵⁻¹⁴ Much like medical students, ATs are also interacting with patients in their own medical setting. Current literature, as discussed later, suggests that collegiate student athletes are also satisfied with care from ATs, but more research is needed to help support that claim.³³

Evolution of Athletic Training Education

Paragraph Number 7 Athletic training education has evolved from an apprenticeship-based education to a curriculum-based educational program. In 1956, the National Athletic Trainers' Association (NATA) constructed a committee to develop the professional direction of athletic training including an educational model. By 1959, the committee had developed a curriculum model for athletic training. The framers of this curriculum model believed it was important to improve the employment options for ATs and therefore included coursework for becoming secondary school teachers.³⁶ The initial athletic training education model included coursework taught in physical education majors as well as course work that would be a prerequisite for acceptance into physical therapy school.³⁶ The only significant difference was the addition of a practice lab and two athletic training courses, techniques of athletic training and advanced techniques of athletic training.

Paragraph Number 8 Until the late 1960's, the apprenticeship model was the educational avenue to becoming an athletic trainer.³⁶ In 1969, the Subcommittee on Professional Education instigated an approval process for athletic training education programs (ATEP) housed in universities as an additional option for taking the national certification exam. Additional options

for national certification examination eligibility were to graduate from an NATA approved athletic training education program, engage in an apprenticeship, graduate from an accredited physical therapy program, or act previously as an athletic trainer for a minimum of 5 years.³⁶ Throughout the years, athletic training education has remained embedded in clinical education.

Paragraph Number 9 Based on employment opportunities for ATs, athletic training educators in the 1970's recognized that focusing on a teaching degree in physical education or health was limiting athletic trainers and therefore suggested that ATs pursue a teaching degree in any subject of their choice. Athletic training education combined with a teaching certification did not change the original curriculum with the exception of an increase in of the required supervised clinical hours.³⁶ In 1980, the requirement for a secondary teaching degree was removed. Modifications to the athletic training education curriculums shifted in July 1990 to the requirement that, institutions with NATA approved ATEPs must have a major field in athletic training.³⁶ The internship option however was still a valid method for qualifying to sit for the national certifying examination.

Paragraph Number 10 Educational changes, such as the subject matter requirements, athletic training competencies, the 1983 *Guidelines*, and the incorporation of athletic training as a major, in the 1980's initiated the American Medical Association (AMA) as an allied health profession in 1990 to approve athletic training as a health care profession. Approval of the Committee on Allied Health Education and Accreditation (CAHEA) was standard for allied health care fields at that time and therefore athletic training education sought to obtain approval.¹⁷⁻³¹ CAHEA was later replaced by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) in 1994, again following trends in health care to self-accredit.¹⁷⁻³¹ By 2004, the only route to apply for the Board of Certification (BOC) exam was to graduate

from a CAAHEP accredited institution. With the other routes to certification eliminated, an educational accredited based standard of athletic training education was therefore consistent with other allied health professions.³⁶ The BOC is the only accredited certifying body of ATs. In 2006, the Commission of Accreditation of Athletic Training Education (CAATE) became the formal accreditation committee for ATEPs.

Paragraph Number 11 Like other medical fields using this gold standard of education, athletic training education uses supervised clinical experience in the overall education of the ATS.^{15-32,37} Clinical supervision establishes good learning environments, increased autonomy, and stimulates the need to learn independently.³⁷ This method of clinical education allows for the student to practice the skills learned in the classroom and put those skills to use in a live setting, but supervision of the student allows for the clinical instructor to intervene if the student is having trouble or the patient/athlete is in danger. Keeping up with current educational fundamentals has allowed athletic training education to remain competitive with other medical fields.

Athletic Training Students

Paragraph Number 12 Athletic training students are students who are seeking entry-level education into athletic training. The ATs typically must be enrolled in a CAATE accredited entry-level undergraduate ATEP.

Paragraph Number 13 Students enrolled in an ATEP are required to complete clinical education course work over a minimum of 2 years. During a ATs clinical experience, the ATS will participate in different clinical settings under the direct supervision of an approved clinical instructor (ACI). These settings can include high school sports, collegiate/university sports, outpatient clinic, hospital, physician's office, sports camps, minor and major league sports,

occupational health, general medicine, industrial setting, and military setting. The intention of the clinical experience is to gain hands-on experience working with patients and conducting appropriate level skills under the supervision of an AT or ACI. ATs are not the primary caregiver to a student athlete but provide services under the direct supervision and guidance of an AT.

Paragraph Number 14 Educational requirements are provided and monitored by CAATE. To maintain an accredited ATEP, the curriculum must provide courses in the five domains of care; (1) injury/illness prevention and wellness protection, (2) clinical evaluation and diagnosis, (3) immediate and emergency care, (4) treatment and rehabilitation, (5) organizational and professional health and wellbeing.³⁸ The ATs in an undergraduate ATEP will complete coursework in the subject areas of Basic and Applied Sciences as well as Professional Content.³⁹ Coursework under Basic and Applied Sciences include human anatomy, human physiology, chemistry, biology, physics, statistics and research design, statistics, rehabilitation, exercise physiology, and kinesiology/biomechanics. Coursework under Professional Content includes risk management and injury prevention, pathology of injuries and illness, orthopedic clinical examination and diagnosis, medical conditions and disabilities, acute care of injuries and illnesses, therapeutic modalities, conditioning, rehabilitative exercise and pharmacology, psychosocial intervention and referral, nutritional aspects of injuries and illnesses, and health care administration.³⁹ The education that students gain from this coursework is placed into action when the ATs participate in the clinical educational component of the ATEP. The use or misuse of this education could directly have an effect on the satisfaction of student athlete/patient in the ATs clinical experience.

Paragraph Number 15 Athletic training curriculum combines didactic coursework with clinical education. The clinical education component allows the ATS use the didactic information from the classroom and practically apply the information on patients and athletes. The clinical portion of the education mandates that the ATS is supervised by an AT but allows for increased autonomy as students' progress through the curriculum. ATS interaction in the clinical component is similar to other health care professions. Other health care professions have evaluated patient satisfaction from clinical education and practitioner interaction. Currently, most research on athlete satisfaction is focused on the athletes' satisfaction with ATs and therefore an assessment of ATS patient satisfaction due to a link to patient compliance and efficacy of outcomes is necessary.

Previous Satisfaction Studies in Athletic Training

Paragraph Number 16 Student athlete's satisfaction or perception of the health care services provided by ATs has been assessed.³³⁻³⁵ Current literature on patient satisfaction with ATs include satisfaction with the athletic training services at an institution, satisfaction with the social support services provided by athletic trainers, and comparing ATs with ATs.^{33-35,40} The current literature on patient satisfaction in athletic training is discussed in the following section.

Paragraph Number 17 Female and male athletes in low profile sports report lower perception and satisfaction with the athletic training services provided as compared to male athletes in high profile sports.³⁵ Women in high profile sports reported the highest satisfaction scores and men in low profile sports reported the lowest scores.³⁴ Reasons for a high-perceived satisfaction with the athletic training services range from a high incidence of acute injuries in high profile sports to the number of staff with the high profile sports.³⁴ Currently, there is little known about the student-athlete experiences with ATs.

Paragraph Number 18 While there is little information on student athlete perception of ATs, one study has been completed that compared ATs with ATs at one NCAA Division III school. The findings suggest that the student athletes were more satisfied with the AT than the ATs in all six domains of athletic training except one, rehabilitation. The reason for a higher perception was thought to be a result of the ATs working at a more personal level with the athlete, and thus receiving a higher satisfaction level. The athlete may have had more interaction with the ATs than the ATs, which could have also affected the results. If student athletes are interacting with ATs more than ATs, it is important that more research be done in this area to get a better understanding of this interaction.

Paragraph Number 19 Injured athletes have depicted a higher perception of satisfaction with the social support received from their athletic trainers than that from the coaching staff.⁴¹ Social support of the athlete can have varying effects on the recovery and overall satisfaction of the healthcare services provided by ATs. Using modified questions from the Social Support Survey developed by Rosenfeld, Richman, and Hardy, athletes at one institution were asked about the social support they received, the amount of social support expected from the ATs and ATs, and finally compared the athlete satisfaction between ATs and ATs.⁴⁰ ATs received lower scores than the ATs, although not statistically significant.⁴⁰ The results indicate that athletes are viewing ATs at the same level as the ATs when it comes to the social support expected and received.

Paragraph Number 20 Student athlete perceptions can also play a role in the overall educational experience of the ATs. Establishing trust between athletes and ATs is important for the professional socialization of the students.⁴² If a student athlete does not trust the ATs, that athlete may pass over the ATs and go straight to the AT or another AT. Athlete avoidance of

an ATS can hurt the psyche of an ATS and make them feel as though they are insufficient to provide care. Rewarding affirmation can also be experienced if the athlete says “thank you” to the ATS.⁴²

Paragraph Number 21 Athlete/AT interactions and its influence on rehabilitation have also been investigated.^{43,44} Athletes who received higher amounts of social support from the AT resulted in higher adherence to the rehabilitation program.⁴⁴ In addition, greater rapport with the AT lead to an increase in the overall adherence of the rehabilitation program.⁴³ Perpetuating athlete engagement in the rehabilitation of an injury is crucial to the overall success of the rehabilitation. If the athlete is more accepting of the rehabilitation and believes that the rehabilitation is working, then the athlete may progress more quickly and return to play sooner. ATs, while supervised by an AT, help with rehabilitation of injured athletes in the athletic training room. Since ATs are having this type of interaction with athletes, studying how athletes perceive ATs can help add to current literature.

Conclusion

Paragraph Number 22 Throughout the medical field, professions investigate the satisfaction that patients have with the health care services provided.^{5-10,33-35,40,41} Patients who are severely ill or injured have a lower satisfaction with the health care services provided.¹⁻⁴ Medical professions have also looked at patient satisfaction with the students in the field.^{5-10,33,40} Medical students interacting with patients during care are receiving high satisfaction rates.⁵⁻¹⁰ Like other medical fields, athletic training has also studied the satisfaction with health care services provided but those studies have focused on the AT and not the ATS.³³⁻³⁵ Men and women in low profile sports reported the lowest satisfaction, where as women in high profile

sports reported the highest satisfaction with the health care services provided by an AT.³³⁻³⁵

When comparing ATs to ATs, student athletes were more satisfied with ATs.³³

Paragraph Number 23 Athletic training education, similar to education in other medical fields, relies on a curriculum that combines didactic coursework with supervised clinical education. During these supervised clinical experiences, ATs get the chance to apply the knowledge and skills they learned in the classroom in a real world setting. During this timeframe, the AT is interacting with athletes/patients. This interaction, while known in other fields, is not well known in athletic training education.^{5-14,33} There is a need for research in the area of athlete satisfaction with ATs, in order to fill the gap in the current literature. The purpose of this study is to assess student athlete satisfaction and perception of supervised ATs interactions and care in the collegiate setting.

CHAPTER 3

METHODS

Paragraph Number 1 Current literature on collegiate athlete satisfaction is mainly focused on the satisfaction athletes have with the certified athletic trainer at their institution.³³⁻
^{35,40} With the exception of one study, little research has investigated the satisfaction and perception college athletes have of the ATS's who are providing supervised healthcare services.³³ The purpose of this study is to assess patient satisfaction of supervised athletic training student's interactions and care in the collegiate setting. This chapter is presented in five sections: research design, participants, measures and instruments, procedure, and analysis

Research Design

Paragraph Number 2 This is a descriptive study using an online survey instrument to assess collegiate student athlete perceptions of the supervised healthcare services provided by the athletic training student (ATS).

Participants

Paragraph Number 3 Male and female student athletes (18-40 years old) from NCAA Division I, II, III, and NAIA institutions and CAATE accredited entry-level undergraduate ATEPs will participate. Participants will be from all sports offered at the institution. Participant recruitment can be found in the Procedure section of this chapter.

Measurements and Instrumentation

Paragraph Number 4 We will use a Likert scale survey with open-ended questions to assess comfort and satisfaction with healthcare services provided by ATSs (Appendix B). The survey will consist of 3 yes/no questions, 5 demographic questions, 1 question asking the participant to select characteristics that describe an athletic training student, 21 Likert scale questions, and 5 open ended questions. The yes/no questions will inquire whether the athlete has interacted with the ATS in the athletic training room or at their sport event/practice and will ask if the athlete is an athletic training student. The demographic questions will consist of questions related to the participant's gender, age, sport, division, and year in school. The questionnaire will use 11 questions to assess the athlete's satisfaction with the supervised services provided by the ATS and 10 questions to investigate the student athletes comfort level with the ATS. The five open-ended questions will be used to gather both specific and thematic information on the athlete's comfort and satisfaction with the ATS. The survey was developed from previous surveys that investigated satisfaction and perception of ATs and new questions created for this study.³⁴ An expert panel will evaluate the survey to establish content and face validity. Following validation, students at the host institution will complete the survey to ascertain length of time to complete and other potential survey obstacles not addressed by the expert reviewers. This data will not be included in data analysis. The survey will be hosted on Qualtrics and links to the survey will be sent out through mass email.⁴⁵

Procedure

Paragraph Number 5 The Indiana State University Institutional Review Board will approve the study prior to implementation (Appendix B). We will select colleges and universities at random from a public list of CAATE accredited institutions (www.caate.net). After selection

of the school, we will contact the sports information director (SID) by phone to determine if their institution would like to participate in the study. If we are unable to make contact with the sports information director at an institution, we will then contact the head athletic trainer to determine the institutions participation. After acceptance into the study, we will forward an e-mail to the SID or AT with a study description and link to the survey for institutional distribution. At the beginning of the data collection period, the SID or AT will e-mail all athletes at participating institutions to explain the survey and provide a link to complete the survey. Participation in the survey will imply consent. Reminder emails will be sent once a month throughout the data collection period. The data collection period will last two months. Athletes can take the survey at any point during this two month period.

Analysis

Paragraph Number 6 We will use descriptive statistics to assess demographic items and perception scale, including frequency, mean, standard deviations, and percentages.

REFERENCES

1. Hall JA, Milburn MA, Epstein AM. A causal model of health status and satisfaction with medical care. *MED CARE*. 1993;31(1):84-94.
2. Keith RA. Patient satisfaction and rehabilitation services. *ARCH PHYS MED REHAB*. 1998;79(9):1122-1128.
3. Hall JA, Milburn MA, Roter DL, Daltroy LH. Why are sicker patients less satisfied with their medical care? Tests of two explanatory models. *HEALTH PSYCOL*. 1998;17(1):70-75.
4. Hall JA, Roter DL, Milburn MA. Illness and Satisfaction With Medical Care. *CURR DIR PSYCHOL SCI*. 1999;8(3):96.
5. Thomas EJ, Hafler JP, Woo B. The patient's experience of being interviewed by first-year medical students. *MED TEACH*. 1999;21(3):311-314.
6. O'Flynn N, Spencer J, Jones R. Does teaching during a general practice consultation affect patient care? *BRIT J GEN PRACT*. 1999;49(438):7-9.
7. Kirz HL, Larsen C. Costs and benefits of medical student training to a health maintenance organization. *JAMA*. 1986;256(6):734-739.
8. Lindblom P, Scheja M, Torell E, Åstrand P, Felländer-Tsai L. Learning orthopaedics: Assessing medical students' experiences of interprofessional training in an orthopaedic clinical education ward. *J Interprof Care*. 2007;21(4):413-423.
9. Simon SR, Peters AS, Christiansen CL, Fletcher RH. Effect of Medical Student Teaching on Patient Satisfaction in a Managed Care Setting. *JGIM*. 2000;15(7):457.

10. Monk SM, Nanagas MT, Fitch JL, Stolfi A, Pickoff AS. RESEARCH BASIC TO MEDICAL EDUCATION: Comparison of Resident and Faculty Patient Satisfaction Surveys in a Pediatric Ambulatory Clinic. *TEACH LEARN MED*. Fall2006 2006;18(4):343-347.
11. O'Sullivan C, Gilchrist J, Holland A, Langford S. A survey of patient satisfaction with physiotherapy services provided by student and qualified physiotherapists in an out-patient setting. *Phys Ther Rev*. 2006;11(3):208-208.
12. Haffling A-C, Håkansson A. Patients consulting with students in general practice: Survey of patients' satisfaction and their role in teaching. *MED TEACH*. 2008;30(6):622-629.
13. Hajioff D, Birchall M, Birchall MA. Medical students in ENT outpatient clinics: appointment times, patient satisfaction and student satisfaction. *MED EDUC*. 1999;33(9):669-673.
14. Ellett JD, Campbell JA, Gonsalves WC. Patient satisfaction in a student-run free medical clinic. *FAM MED*. 2010;42(1):16-18.
15. Severinsson E, Sand. Evaluation of the clinical supervision and professional development of student nurses. *J Nurs Manage*. 2010;18(6):669-677.
16. Helmich E, Derksen E, Prevoo M, Laan R, Bolhuis S, Koopmans R. Medical students' professional identity development in an early nursing attachment. *MED EDUC*. 2010;44(7):674-682.
17. Eisenhauer L, Bleich MR. The clinical doctorate: Whoa or go? *J NURS EDUC*. 2006;45(1):3-4.
18. Royeen C, Lavin MA. A contextual and logical analysis of the clinical doctorate for health practitioners: dilemma, delusion, or de facto? *JAH*. 2007;36(2):101-106.

19. Brown-Benedict DJ. The Doctor of Nursing Practice degree: lessons from the history of the professional doctorate in other health disciplines. *J NURS EDUC*. 2008;47(10):448-457.
20. Davis MH, Harden RM. AMEE Medical Education Guide No. 15: Problem-based learning: a practical guide. *MED TEACH*. 1999;21(2):130-140.
21. Huynh D HS, Plaza CM, Sturpe DA, Williams G, Rodriguez de Bittner MA, Roffman DS. The impact of advance pharmacy practice experiences on students' readiness for self-directed learning. *AM J PHARM EDUC*. 2009;73 (4):Article 65.
22. Smith DL. Perceptions by practicing occupational therapists of the clinical doctorate in occupational therapy. *JAH*. 2007;36(3):137-140.
23. Dickerson AE, Trujillo L. Practitioners' perceptions of the occupational therapy clinical doctorate. *JAH*. 2009;38(2):e-47-53.
24. Senft SL, Thompson C, Blumenschein K. Dual degree programs at the University of Kentucky College of Pharmacy. *AM J PHARM EDUC*. 2008;72(1):12-12.
25. Johnson JA MM, Shin J, Frye R. A summer research training program to foster PharmD students' interest in research. *AM J PHARM EDUC*. 2008;72(2):Article 23.
26. American Association of Colleges of Nursing. DNP Fact Sheet. 2010;
<http://www.aacn.nche.edu/media/FactSheets/dnp.htm> Accessed February, 24, 2011.
27. Kelley KA CJ, McAuley JW, Wallace LJ, Buerki RA, Frank SG. Writing PharmD program-level, ability-based outcomes: key elements for success. Evaluation, assessment, and outcomes in pharmacy education: The 2007 AACP institute. *AM J PHARM EDUC*. 2008;75(5):Article 98.

28. Joyner PU, Thomason TE, Blalock SJ. Practice settings, job responsibilities, and job satisfaction of nontraditional PharmD and BS pharmacy graduates. *AM J PHARM EDUC*. 2009;73(2):33-33.
29. Montoya ID, Kimball OM. Marketing clinical doctorate programs. *JAH*. 2007;36(2):107-112.
30. Renzi SE, Krzeminski MA, Sauberan MM, Brazeau DA, Brazeau GA. Prepharmacy years in college and academic performance in a professional program. *AM J PHARM EDUC*. 2007;71(4):69-69.
31. American Association of Colleges of Nursing. Fact Sheet: The Doctor of Nursing Practice (DNP). 2006; <http://www.aacn.nche.edu/DNP>. Accessed February 26, 2011.
32. Commission on Accreditation of Athletic Training Education. Standards for the Accreditation of Entry-Level Athletic Training Education Programs. 2008; <http://www.caate.net/iMIS15/CAATE/Forms/CAATE/Forms/Forms.aspx?hkey=1ec27fc-c-9a33-4d74-8660-975d67e610a0>. Accessed February, 25, 2011.
33. Maresh N, Peterson, A. Student Athlete Satisfaction with UW-Eau Claire Athletic Training Services. 2007; <http://minds.wisconsin.edu/handle/1793/23655>. Accessed October 18, 2010.
34. Unruh S, Unruh N, Moorman M, Seshadri S. Collegiate student-athletes' satisfaction with athletic trainers. *J ATHL TRAINING*. 2005 Jan-Mar 2005;40(1):52-55.
35. Unruh S. Perceptions of athletic training services by collegiate student-athletes: a measurement of athlete satisfaction. *J ATHL TRAINING*. 1998;33(4):347-350.
36. National Athletic Trainers' Association. Terminology. 2010; <http://www.nata.org/athletic-training/terminology>. Accessed March 1, 2011.

37. Board of Certification. BOC Standards of Professional Practice. 2006;
http://www.bocatac.org/images/stories/multiple_references/standardsprofessionalpractice.pdf. Accessed October 18, 2010.
38. NATA. CAATE Clinical Education Terminology <http://www.nata.org/caate-clinical-education-terminology>. Accessed April 14, 2011.
39. Commission on Accreditation of Allied Health Education. About CAAHEP. 2011;
<http://www.caahep.org/Content.aspx?ID=63>. Accessed March 4, 2011.
40. Commission on Accreditation of Athletic Training Education. Overview of the Commission. 2011;
<http://www.caate.net/iMIS15/CAATE/About/CAATE/About.aspx?hkey=1b198b36-7205-4b7f-9447-abd3800a3264>. Accessed March 4, 2011.
41. Barefield S, McCallister S. Social support in the athletic training room: athletes' expectations of staff and student athletic trainers. *J ATHL TRAINING*. 1997;32(4):333-338.
42. Delforge GD, Behnke RS. The history and evolution of athletic training education in the United States. *J ATHL TRAINING*. 1999 Jan-Mar 1999;34(1):53-61.
43. Busari JO, Weggelaar NM, Knottnerus AC, Greidanus P-M, Scherpbier AJJA. How medical residents perceive the quality of supervision provided by attending doctors in the clinical setting. *MED EDUC*. 2005;39(7):696-703.
44. Fincher L B-WK, Brown S, Detwiler K, Dieringer K, McDonnell DE, Olson B, Sauers E, Sexton P. ATHLETIC TRAINING SERVICES: An Overview of Skills and Services Performed by Certified Athletic Trainers. 2010;

- <http://www.nata.org/sites/default/files/GuideToAthleticTrainingServices.pdf>. Accessed October 18, 2010.
45. National Athletic Trainers' Association. Athletic Training Education Overview. 2009; <http://www.nata.org/sites/default/files/education-overview.pdf>. Accessed October 18, 2010.
 46. Robbins JE, Rosenfeld LB. Athletes' Perceptions of Social Support Provided by Their Head Coach, Assistant Coach, and Athletic Trainer, Pre-Injury and During Rehabilitation. *J. Sport Behav.* 2001;24(3):277.
 47. Klossner J. The role of legitimation in the professional socialization of second-year undergraduate athletic training students. *J ATHL TRAINING.* 2008;43(4):379-385.
 48. Fisher AC, Hoisington LL. Injured athletes' attitudes and judgments toward rehabilitation adherence. *J ATHL TRAINING.* Spring 1993;28(1):48-50;52-54.
 49. Bone JB, Fry MD. The Influence of Injured Athletes' Perceptions of Social Support From ATCs on Their Beliefs About Rehabilitation. *J. Sport Rehabil.* 2006;15(2):156-167.
 50. Kaplowitz MD, Hadlock TD, Levine R. A Comparison of Web and Mail Survey Response Rates. *PUBLIC OPIN QUART.* 2004;68(1):94-101.

CHAPTER 4

MANUSCRIPT

Collegiate Student Athlete Perception of Satisfaction and Comfort with Athletic Training Students

Introduction

Paragraph Number 1 Education of an athletic training student (ATS) is similar to other medical professions, in that students participate in supervised clinical education to gain experience in working with patients.¹⁻¹⁸ Supervised clinical experiences allow the ATS to take didactic information and apply it in real world settings such as high school sports, collegiate/university sports, out-patient clinics, hospitals, physician's offices, sports camps, minor and major league sports, occupational health, general medicine, industrial settings, or military settings. Supervised interactions between student athletes and patients help the ATS develop and fine-tune the professional skills needed to practice in the professional setting as a licensed practitioner. Collegiate athletes have a large amount of interaction with ATS's, yet research is lacking that investigates this relationship and the perceived satisfaction of care.¹⁹ These interactions can have positive and negative effects on both student athletes and ATSS including improper care given to the student athlete or a negative learning environment for the ATS.

Paragraph Number 2 Other medical professions with patient/student interactions have evaluated perceived satisfaction of health care services received by a medical student/intern. In one such study, 90.3% of patients reported having positive interactions during their treatment and were satisfied with the care they received from the medical student.²⁰ Other studies have shown that patients are satisfied with the interaction they have with the medical students and feel as though they are helping the future of the medical profession.²⁰⁻²⁹

Paragraph Number 3 Most studies on collegiate athlete satisfaction with athletic training services focus on the satisfaction with the certified athletic trainers (AT).^{19,30,31} These studies have shown that student athletes in lower profile sports have lower perceptions of satisfaction with the AT as compared to the higher profile sports.³¹ One study comparing student athlete satisfaction with ATs and ATs at a single institution found that the student athletes were more satisfied with the ATs than the ATs.¹⁹ This study also suggested that the ATs may work on a more personal level with the athlete in order to gain the trust of the athlete.¹⁹

Paragraph Number 4 Compared to other medical professions, there is little information on the satisfaction and perception that patients/athletes have with ATs. Research in this area can determine if the ATs are actually providing satisfactory care to the population they are working with. Therefore, the purpose of this study was to assess student athlete satisfaction of supervised athletic training student interactions and care in the collegiate setting.

Methods

Research Design

Paragraph Number 5 We used a descriptive study using an online survey instrument to assess collegiate student athlete perceptions of the supervised healthcare services provided by the ATs.

Participants

Paragraph Number 6 We selected institutions at random from a public list provided by the Commission on Accreditation of Athletic Training (CAATE). Twenty-two CAATE institutions across the 10 NATA districts agreed to participate in this study. Sixty-six student athletes (age: 20 ± 1 years, range=18-23 years) completed the survey (Table 1).

Instrumentation

Paragraph Number 7 A Likert scale and open-ended question survey was developed from previous surveys regarding patient satisfaction and comfort.^{19,31} The survey consisted of 3 yes/no questions, 5 demographic questions, 1 multiple-answer question asking the participant to select characteristics that describe an ATS, 21 Likert scale, and 5 open ended questions. The survey was developed and hosted in Qualtrics. Two education experts reviewed the survey for face and content validity. We made changes based on the suggestions of these experts.

Procedure

Paragraph Number 8 We acquired institutional review board approval prior to data collection. Using a public list of CAATE institutions, the researchers arranged all the institutions by NATA district and selected each institution at random. The researchers called the sports information director at each institution to determine if the institution would like to participate in the study. If we were unable to make contact with the sports information director at an institution, we then contacted the head athletic trainer to determine the institutions participation. Upon acceptance into the study, we sent the sports information director or head AT an e-mail that included a survey description and a link to the web based survey. The SID or AT forwarded the survey description and link to all student athletes at that institution. The survey was open for 2 months and the student athletes could take the survey any time during those two months. A

reminder e-mail was e-mailed to the SIDs or ATs one month into the data collection period to be forwarded to the athletes. We collected and saved all responses anonymously.

Data Analysis

Paragraph Number 9 We analyzed the quantitative data in Microsoft Excel 2010. We analyzed for statistics of central tendency.

Results

Paragraph Number 10 Twenty-two out of one hundred forty-one institutions contacted agreed to participate in the study. Sixty-six student athletes completed the survey. Females responded twice as frequently than males. We identified an even distribution between freshman, sophomores and juniors respondents (Table 1). Respondents varied among different sport teams with the exception of track & field and swimming & diving, which had the highest percentage of participation in the survey (Table 2).

Paragraph Number 11 ATs provided a variety of services to the student athletes in the athletic training room (Table 3). Athletes more commonly reported seeing ATs taping and wrapping (n=32), rehabilitating injuries (n=27), providing ice treatment (n=14), and evaluating injuries (n=13). Student athletes also reported seeing ATs providing heat, modalities, injury prevention, stretching, blister care and managing personal issues, but these were not as common.

Paragraph Number 12 The student athletes selected characteristics from a list that best describe ATs' responsibilities (Table 4). Athletes perceived that ATs are primarily responsible for taping ankles (n=62, 93.9%), distributing water/sports drinks (n= 62, 93.9%), and rehabilitating injuries (n=60, 90.9%). Athletes did not perceive ATs as licensed health care professionals and few perceived ATs as participating in emergency care. Correctly, the majority of athletes did not perceive ATs as paid staff.

Paragraph Number 13 Student athletes were asked to rate their level of satisfaction with ATSS (Table 5). Student athletes were most satisfied with the level of respect ATSS demonstrated (4.3 ± 0.8). Student athletes were also satisfied with the communication between the ATSS and certified athletic trainer (4.2 ± 0.9), as well as the quality of care provided by the ATSS (4.1 ± 0.8). The student athletes were least satisfied with ATSS' communication with coaches (3.7 ± 1.2), although this was still above average. Taping/wrapping skills (3.9 ± 0.9) and evaluation skills (3.9 ± 0.9) also received lower satisfaction scores than the other areas.

Paragraph Number 14 Student athletes rated their level of comfort with ATSS (Table 6). Student athletes were most comfortable with the ATSS asking the AT when unsure of an injury (4.7 ± 0.5). The student athletes were also comfortable with talking to the ATSS about an injury (4.3 ± 0.8) and having an ATSS tape/wrap before a practice (4.2 ± 0.8). The student athletes were least comfortable with discussing personal issues with an ATSS (3.6 ± 1.0). Student athletes were also less comfortable with the assessment of an injury by an ATSS (3.7 ± 0.8).

Discussion

Paragraph Number 15 An integral part of athletic training education, like many medical professions, is clinical experiences/coursework.^{1-18, 32} The clinical education component allows the ATSS to integrate didactic classroom information into real world clinical practice. The ATSS participates in the daily operation of a collegiate athletic training room. The clinical component of athletic training education ensures that the ATSS learns evaluation skills, rehabilitation skills, taping skills, preventive care, first aid care and other daily tasks under the direct supervision of a certified athletic trainer (AT) by engaging in the hands-on skills. Thus, ATSS aid in the preparation of pre/post-practice treatments, evaluation and rehabilitation. Student-athletes in this study accurately perceived that ATSS tape ankles, hydrate, and rehabilitate injuries. Fifty percent

of student athletes perceived that injury/illness prevention was part of an ATS's capabilities. However, the student athletes did not understand that taping and hydration are preventative. Prevention is a unique practice domain to athletic training compared to other medical professions and therefore student athlete recognition of the skill can improve understanding of ATS capability.

Paragraph Number 16 Current literature in athletic training on student athlete satisfaction focuses on the satisfaction that the student athletes have with the AT.^{19, 30, 31} These studies have shown that athletes in higher profile sports tend to have higher levels of satisfaction.³¹ Institutions that have an athletic training education program, the ATSs are also involved in the daily operation of the athletic training room and interact with the student athletes just as much as the ATs do. Student athlete interactions with ATS can affect the general attitude that the student athlete has with the rest of the sports medicine staff. Research of this interaction is lacking in literature. The findings of this study demonstrate that student athletes are generally satisfied with the ATSs at their respective institutions. This result is similar to satisfaction studies done with patient/medical student interaction, in which medical students are consistently receiving high satisfactory marks.^{23, 24, 28} Communication is one area that was on both the high end and low end of satisfaction in this study. Studies in medical education research have shown that patients are satisfied with the medical students when the medical student was part of the examination.^{21, 22} Patients report being better informed of their problem when a medical student is part of the examination.²² The student athletes in this study were satisfied with the communication with the ATSs well as the communication between the ATS and the AT. However, the athletes were less satisfied with the communication between the ATS and the coaching staff. This could be a result of the ATS just not having enough experience talking to coaches, or that often ATS are not yet

ready in their educational preparation to communicate with coaches. An understanding of ATS roles may be lacking and therefore student athletes may perceive it is the ATS position to relay information to the coaches when perhaps it is not. To help improve this area, clinical supervisors can implement situational practicals to help the ATS work their way through conversing with a coach or higher authority figure. In addition, an introduction to the roles and responsibilities of an ATS to the team at the beginning of a competitive season may help improve understanding. Athletic training students, like students in other medical professions, received satisfactory marks from their patient population.²⁰⁻²⁹

Paragraph Number 17 We also measured student athlete comfort with ATSS. Previous studies looking at social support have demonstrated that athletes had a higher adherence to the rehabilitation program if the athlete had a good rapport with the AT.³³ If the athlete is more accepting of the rehabilitation and believes that the treatment is working, then the athlete may progress more quickly and return to play sooner. Patients who have interacted with medical students report that medical students spent more time with the patients.²⁰ This increase in interaction may lead to a higher comfort level with the student. ATSS, while supervised by an AT, help with rehabilitation of injured athletes in the athletic training room. Student athletes in this study were comfortable with the ATS asking an AT about an injury. Comfort with this process demonstrates that student athletes appreciate the presence of ATS in their healthcare. By utilizing the social support of the AT and ATS, the athlete has the potential for greater rehabilitation outcomes.³⁴

Paragraph Number 18 An area of lower comfort for a student athlete was discussing personal issues with the ATS. The discussion of personal issues with a student is not just limited to athletic training education. In a study looking at patient/medical student interactions, one-third

of patients found it difficult to discuss personal issues with medical students.²² Aside from interacting in the athletic training room, interactions may also occur in resident halls, classrooms, and possibly at social functions. Current literature suggest that peers are more likely to look to one another when dealing with personal issues.³⁵ The results from this study suggest that student athletes are less comfortable with discussing personal problem with other peers, in this case ATS's. In the athletic training room, the student athlete may seek help from the ATs in dealing with personal issues due to the increased experience and professional level.

Paragraph Number 19 We were unable to run further statistical analyses due to the small number of respondents. The lack of responses became a large limitation for this study. We contacted one hundred forty-one schools, but only twenty-two schools allowed us to survey their athletes. Schools who did not allow us to survey their athletes cited that school policy, athletic conference policy, or large number of internal studies as reasons for their refusal to participate. Future studies will need to investigate alternative methods of obtaining responses to a study of this nature.

Paragraph Number 20 The findings of this study help shed light onto an area of athletic training education that is lacking in research. Student athlete satisfaction and comfort levels can help in determining potential changes in curriculum for an ATEP. Results of this study suggest that there is a need to improve communication between ATs and coaches. The findings of this study also help guide future education of student athletes about the roles of athletic training students. Student athletes may not be fully aware of the roles that ATs play in the function of the athletic training room.

Conclusion

Paragraph Number 21 Medical professions, realizing that the future of their profession lies in the education of students, have studied patient satisfaction with students in healthcare professions. The athletic training profession has not adequately investigated student athlete satisfaction with athletic training students. This study has shown that student athletes are generally satisfied and comfortable with athletic training students. This satisfaction and comfort can have benefits for both parties involved, including better outcomes for the student athlete and a better educational experience for the ATS.

References

1. Helmich E, Derksen E, Prevoo M, Laan R, Bolhuis S, Koopmans R. Medical students' professional identity development in an early nursing attachment. *Medical Education*. 2010;44(7):674-682.
2. Eisenhauer L, Bleich MR. The clinical doctorate: Whoa or go? *The Journal Of Nursing Education*. 2006;45(1):3-4.
3. Royeen C, Lavin MA. A contextual and logical analysis of the clinical doctorate for health practitioners: dilemma, delusion, or de facto? *Journal of Allied Health*. 2007;36(2):101-106.
4. Brown-Benedict DJ. The Doctor of Nursing Practice degree: lessons from the history of the professional doctorate in other health disciplines. *Journal of Nursing Education*. 2008;47(10):448-457.
5. Davis MH, Harden RM. AMEE Medical Education Guide No. 15: Problem-based learning: a practical guide. *Medical Teacher*. 1999;21(2):130-140.
6. Huynh D HS, Plaza CM, Sturpe DA, Williams G, Rodriguez de Bittner MA, Roffman DS. The impact of advance pharmacy practice experiences on students' readiness for self-directed learning. *American Journal of Pharmaceutical Education*. 2009;73 (4):Article 65.
7. Smith DL. Perceptions by practicing occupational therapists of the clinical doctorate in occupational therapy. *Journal of Allied Health*. 2007;36(3):137-140.
8. Dickerson AE, Trujillo L. Practitioners' perceptions of the occupational therapy clinical doctorate. *Journal of Allied Health*. 2009;38(2):e-47-53.

9. Senft SL, Thompson C, Blumenschein K. Dual degree programs at the University of Kentucky College of Pharmacy. *American Journal of Pharmaceutical Education*. 2008;72(1):12-12.
10. Johnson JA MM, Shin J, Frye R. A summer research training program to foster PharmD students' interest in research. *American Journal of Pharmaceutical Education*. 2008;72(2):Article 23.
11. American Association of Colleges of Nursing. DNP Fact Sheet. 2010; <http://www.aacn.nche.edu/media/FactSheets/dnp.htm> Accessed February, 24, 2011.
12. Kelley KA CJ, McAuley JW, Wallace LJ, Buerki RA, Frank SG. Writing PharmD program-level, ability-based outcomes: key elements for success. Evaluation, assessment, and outcomes in pharmacy education: The 2007 AACP institute. *American Journal of Pharmaceutical Education*. 2008;75(5):Article 98.
13. Joyner PU, Thomason TE, Blalock SJ. Practice settings, job responsibilities, and job satisfaction of nontraditional PharmD and BS pharmacy graduates. *American Journal of Pharmaceutical Education*. 2009;73(2):33-33.
14. Montoya ID, Kimball OM. Marketing clinical doctorate programs. *Journal of Allied Health*. 2007;36(2):107-112.
15. Renzi SE, Krzeminski MA, Sauberan MM, Brazeau DA, Brazeau GA. Prepharmacy years in college and academic performance in a professional program. *American Journal of Pharmaceutical Education*. 2007;71(4):69-69.
16. American Association of Colleges of Nursing. Fact Sheet: The Doctor of Nursing Practice (DNP). 2006; <http://www.aacn.nche.edu/DNP>. Accessed February 26, 2011.

17. Commission on Accreditation of Athletic Training Education. Standards for the Accreditation of Entry-Level Athletic Training Education Programs. 2008; <http://www.caate.net/iMIS15/CAATE/Forms/CAATE/Forms/Forms.aspx?hkey=1ec27fc-c-9a33-4d74-8660-975d67e610a0>. Accessed February, 25, 2011.
18. Severinsson E, Sand. Evaluation of the clinical supervision and professional development of student nurses. *Journal of Nursing Management*. 2010;18(6):669-677.
19. Maresh N, Peterson, A. Student Athlete Satisfaction with UW-Eau Claire Athletic Training Services. 2007; <http://minds.wisconsin.edu/handle/1793/23655>. Accessed October 18, 2010.
20. Kirz HL, Larsen C. Costs and benefits of medical student training to a health maintenance organization. *JAMA: The Journal Of The American Medical Association*. 1986;256(6):734-739.
21. Thomas EJ, Hafler JP, Woo B. The patient's experience of being interviewed by first-year medical students. *Medical Teacher*. 1999;21(3):311-314.
22. O'Flynn N, Spencer J, Jones R. Does teaching during a general practice consultation affect patient care? *The British Journal Of General Practice: The Journal Of The Royal College Of General Practitioners*. 1999;49(438):7-9.
23. Lindblom P, Scheja M, Torell E, Åstrand P, Felländer-Tsai L. Learning orthopaedics: Assessing medical students' experiences of interprofessional training in an orthopaedic clinical education ward. *Journal of Interprofessional Care*. 2007;21(4):413-423.
24. Simon SR, Peters AS, Christiansen CL, Fletcher RH. Effect of Medical Student Teaching on Patient Satisfaction in a Managed Care Setting. *JGIM: Journal of General Internal Medicine*. 2000;15(7):457.

25. Monk SM, Nanagas MT, Fitch JL, Stolfi A, Pickoff AS. RESEARCH BASIC TO MEDICAL EDUCATION: Comparison of Resident and Faculty Patient Satisfaction Surveys in a Pediatric Ambulatory Clinic. *Teaching & Learning in Medicine*. Fall2006 2006;18(4):343-347.
26. O'Sullivan C, Gilchrist J, Holland A, Langford S. A survey of patient satisfaction with physiotherapy services provided by student and qualified physiotherapists in an out-patient setting. *Physical Therapy Reviews*. 2006;11(3):208-208.
27. Haffling A-C, Håkansson A. Patients consulting with students in general practice: Survey of patients' satisfaction and their role in teaching. *Medical Teacher*. 2008;30(6):622-629.
28. Hajioff D, Birchall M, Birchall MA. Medical students in ENT outpatient clinics: appointment times, patient satisfaction and student satisfaction. *Medical Education*. 1999;33(9):669-673.
29. Ellett JD, Campbell JA, Gonsalves WC. Patient satisfaction in a student-run free medical clinic. *Family Medicine*. 2010;42(1):16-18.
30. Unruh S, Unruh N, Moorman M, Seshadri S. Collegiate student-athletes' satisfaction with athletic trainers. *Journal of Athletic Training*. 2005 Jan-Mar 2005;40(1):52-55.
31. Unruh S. Perceptions of athletic training services by collegiate student-athletes: a measurement of athlete satisfaction. *Journal of Athletic Training*. 1998;33(4):347-350.
32. Busari JO, Weggelaar NM, Knottnerus AC, Greidanus P-M, Scherpbier AJJA. How medical residents perceive the quality of supervision provided by attending doctors in the clinical setting. *Medical Education*. 2005;39(7):696-703.

33. Barefield S, McCallister S. Social support in the athletic training room: athletes' expectations of staff and student athletic trainers. *Journal of Athletic Training*. 1997;32(4):333-338.
34. Bone JB, Fry MD. The Influence of Injured Athletes' Perceptions of Social Support From ATCs on Their Beliefs About Rehabilitation. *Journal of Sport Rehabilitation*. 2006;15(2):156-167.
35. Atik G, Yalçын Ў. Help-seeking attitudes of university students: the role of personality traits and demographic factors. *South African Journal of Psychology*. 2011;41(3):328-338.

Table 1. Participant Demographic Characteristics (n=66)

Participant Characteristic	n	Frequency
Gender		
Male	20	30.3%
Female	46	69.7%
Division		
NCAA D1	23	34.8%
NCAA D2	13	19.7%
NCAA D3	26	39.4%
NAIA	4	6.1%
Academic Year		
Redshirt Freshman	1	1.5%
Freshman	20	30.3%
Sophomore	14	21.2%
Junior	16	24.2%
Senior	11	16.7%
5 th year Senior	2	3.0%
Redshirt (other)	2	3.0%

Table 2. Participant Sports (n=66)

Sport	n	Percentage
Baseball	2	3.0%
Basketball	8	12.1%
Cross Country	4	6.1%
Football	5	7.6%
Soccer	6	9.1%
Softball	7	10.6%
Swimming and Diving	11	16.7%
Track and field	11	16.7%
Volleyball	5	7.6%
Other	6	9.1%
Unreported	1	1.5%

Table 3. Athletic Training Services Used (n=66)

Service Used	n	Percentage
Tapping/ Wrapping	32	48.5%
Rehabilitation	27	40.9%
Ice	14	21.2%
Evaluation	13	19.7%
Heat	4	6.1%
Other Modalities	4	6.1%
Injury Prevention	3	4.5%
Stretching	3	4.5%
Blister care	1	1.5%
Personal issues	1	1.5%

Table 4. Athletic Training Student Characteristics (n=66)

Characteristics	n	Percentage
Tape Ankles	62	93.9%
Distribute Water/Sports drinks	62	93.9%
Rehabilitate Injuries	60	90.9%
Evaluate Injuries	50	75.7%
Prevent Injuries/illnesses	33	50.0%
Staff in Athletic Training Room (paid for service)	23	34.8%
Emergency Care	20	30.3%
Licensed health care professional	6	9.1%

Table 5. Student Athlete Satisfaction (n=66)

Statement	Mean	±SD
Level of concern for your feelings or emotions following an injury	4.0	0.7
Communication between you and the Athletic Training Student	4.1	0.9
Communication between the Certified Athletic Training and the Athletic Training Student	4.2	0.9
Communication between coaches and the Athletic Training Student	3.7	1.2
Level of respect shown to you by Athletic Training Student	4.3	0.8
Knowledge demonstrated by the Athletic Training Students	4.0	0.7
Various taping and wrapping skills	3.9	0.9
Evaluation skills demonstrated by the Athletic Training Student	3.9	0.9
Quality of rehabilitation demonstrated by the Athletic Training Student	3.9	0.8
First aid care provided by Athletic Training Student	4.0	0.8
Quality of care provided by Athletic Training Student	4.1	0.8

Table 6. Student Athlete Comfort (n=66)

Statement	Mean	±SD
Approaching the Athletic Training Student about an injury	4.2	0.8
Talking about your injury with Athletic Training Student	4.3	0.8
Discussing personal issues with Athletic Training Student	3.6	1.0
Level of confidentiality between you and the Athletic Training Student	3.9	0.8
Athletic Training Student tapping or wrapping you before practice	4.2	0.8
Athletic Training Student tapping or wrapping you before a competition	4.1	0.9
Assessment of injury by Athletic Training Student	3.7	0.8
Rehabilitation of an injury by an Athletic Training Student	3.9	0.7
Athletic Training Student asking Certified Athletic Trainer about when they are unsure about your injury	4.7	0.5
Athletic Training Student asking other Athletic Training Student when they are unsure about your injury	3.9	1.0

APPENDIX A: STUDY PARAMETERS

Definitions and Abbreviations

Approved Clinical Instructor (ACI) - An appropriately credentialed professional identified and trained by the program Clinical Instructor Educator to provide instruction and evaluation of the Athletic Training Educational Competencies and/or Clinical Proficiencies. The ACI may not be a current student within the athletic training education program (ATEP).³²

Certified Athletic Trainer (AT) - Unique health care providers who specialize in the prevention, assessment, treatment and rehabilitation of injuries and illnesses.⁴⁶

Athletic Training Education Program (ATEP) – A Commission on Accreditation of Athletic Training Education (CAATE) accredited program at a college or university that teaches students become athletic trainers and prepares students to take the Board of Certification (BOC) exam.

Athletic Training Student (ATS) - A student enrolled in the athletic training major or graduate major equivalent. Not a pre-professional or observational student.³²

Board of Certification (BOC) – A governing body that establishes standards for which athletic trainers practice and the only accredited certifying body for athletic trainers.⁴⁷

Clinical Instructor Educator (CIE) - The BOC Certified Athletic Trainer recognized by the institution as the individual responsible for ACI training.⁴⁸

Clinical Instructor (CI) - An individual identified to provide supervision of athletic training students during their clinical experience.⁴⁸

Collegiate setting - A work or educational setting based at a college or university.

Collegiate Student Athlete – A student who participates in NCAA/NAIA sanctioned athletics while enrolled in coursework at a university or college.

Commission on Accreditation of Allied Health Education (CAAHEP) - A programmatic postsecondary accrediting agency recognized by the Council for Higher Education Accreditation

(CHEA) and carries out its accrediting activities in cooperation with 18 review committees (Committees on Accreditation). Later replaced by the Commission on Accreditation of Athletic training Education (CAATE).⁴⁹

Commission on Accreditation of Athletic Training Education (CAATE) – A agency responsible for the accreditation of 360 professional (entry-level) ATEPs.⁵⁰

Committee on Allied Health Education and Accreditation (CAHEA) – An accrediting organization that was later replaced by CAAHEP.

National Association of Intercollegiate Athletics (NAIA) – A governing body of athletics for member institutions.

National Athletic Trainer Association (NATA) – The professional membership for ATs.

National Colligate Athletic Association (NCAA) – A governing body of athletics for member institutions.

Sports Information Director (SID) – A university employee who is a liaison between the media and athletic department.

Delimitations

The study will be delimited to ATSS in CAATE accredited undergraduate Entry-Level Athletic Training Education Programs. Athletes will be delimited to individuals in collegiate settings between the ages of 18 and 40.

Limitations

The study will be limited by response rate, self-reporting, amount of interaction, and amount of supervision and student autonomy. The rate of response will depend on institution acceptance to the request to participate in the study as well as if the athletes at participating institutions choose to complete the survey. Some athletes may not have worked with an ATS, and therefore may not complete the survey. Since the study requires self-reporting, the honesty

of participating athletes may be questionable. Some athletes with a strong relationship with the ATS outside of the athletic training room may be more generous with their response.

The amount of interaction will not be quantified. Athletes and ATSs may interact with one another outside the athletic training room or practice facility. Amount of supervision and student autonomy will be a limitation because ATEPs are unique to each institution. ATSs at these institutions will be in same settings and following a different curriculum. The different curricula and settings may affect intended outcomes.

APPENDIX B: RELEVANT STUDY FORMS

IRB Exempt Approval



Institutional Review Board

Terre Haute, Indiana 47809
812-237-3092
Fax 812-237-3092

DATE: September 30, 2011

TO: Keith Tebbe

FROM: Indiana State University Institutional Review Board

STUDY TITLE: [274536-1] Collegiate Student Athlete Perception of Satisfaction and Comfort with Athletic Training Students

IRB REFERENCE #: 12-018

SUBMISSION TYPE: New Project

ACTION: DETERMINATION OF EXEMPT STATUS

DECISION DATE: September 30, 2011

REVIEW CATEGORY: Exemption category #2

Thank you for your submission of New Project materials for this research study. The Indiana State University Institutional Review Board has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations (45 CFR 46). You do not need to submit continuation requests or a completion report. Should you need to make modifications to your protocol or informed consent forms that do not fall within the exempt categories, you will have to reapply to the IRB for review of your modified study.

Internet Research: You are using an internet platform to collect data on human subjects. Although your study is exempt from IRB review, ISU has specific policies about internet research that you should follow to the best of your ability and capability. Please review Section L. on Internet Research in the IRB Policy Manual.

Informed Consent: All ISU faculty, staff, and students conducting human subjects research within the "exempt" category are still ethically bound to follow the basic ethical principles of the Belmont Report: a) respect for persons; 2) beneficence; and 3) justice. These three principles are best reflected in the practice of obtaining informed consent.

If you have any questions, please contact Thomas Steiger within IRBNet by clicking on the study title on the "My Projects" screen and the "Send Project Mail" button on the left side of the "New Project Message" screen. I wish you well in completing your study.

Institution Participation Request Letter

Dear Sir or Madam,

My name is Keith Tebbe and I am an athletic training graduate student at Indiana State University working towards my Masters of Science in Athletic Training. I am conducting a study to investigate the satisfaction and comfort levels that collegiate student athletes have towards athletic training students. I am contacting you today to request your schools participation in the study.

The study itself will consist of an online survey that will be taken by the student athletes at your institution during the fall semester. The student athletes will be asked a series of Likert scale and open-ended questions pertaining to their comfort and satisfaction with the supervised health care services provided by the athletic training students. No information will be gathered that can identify the individual athletes. Participation in this study is completely voluntary.

I am asking you to reply to this e-mail to inform me of your institutions acceptance or rejection to participate in this study. Upon acceptance into the study, you will be contacted to determine the delivery of the survey by selecting one of two options. One option will involve the researcher sending an e-mail to you with a consent letter and link to the study which can then be forwarded to the student athletes at your institution. The other option is to send the researcher the e-mail address of the student athlete which will then be entered into the online survey and delivered to the student athletes. Any e-mail addresses collected will remain confidential and at the conclusion of the study will be destroyed by appropriate means.

Feel free to contact me if you have any questions regarding the study. Also contact me if there are any complications with having your institution involved in the study. I will gladly contact any other officials at your institution in regard to participating in this study. My contact information is as follows:

Keith Tebbe
631 W. Main St.
Wheatland, IN 47597
ktebbe1@indstate.edu
Phone- (217) 246-5003

Thank you for your time and I hope to hear back from you on your institution decision to participate in this study.

Sincerely,
Keith Tebbe, ATC, LAT
Indiana State University

Student Athlete Participation Request Letter

Dear athlete,

My name is Keith Tebbe and I am an athletic training graduate student at Indiana State University seeking my Masters of Science in Athletic Training. I am conducting a study to investigate the comfort and satisfaction levels that collegiate student athletes have towards athletic training students. I am contacting you today to request your participation in the study.

The study consists of an online survey. You will be asked to answer Likert scale and open ended questions regarding your comfort and satisfaction with the supervised health care services provided by the athletic training students at your institution. The survey will take approximately 15 min to complete. You are asked to be as honest as possible when answering the questions. All information collected will remain confidential. You may withdraw from the study at any point while taking the survey with no penalty. There are no known risks to completing the survey. Participation in this study is completely voluntary.

If you choose to not participate in the study, delete this e-mail. A follow up email will be e-mailed as a reminder to participate in the study, but disregard this if you have already chosen to not participate in this study.

If you choose to participate in the study, click on the following link which will take you to the website hosting the survey. Once at the website you will be asked to give your consent to participate in the study.

[I Wish to Participate](#)

If you have any questions about the study, feel free to contact me at the following e-mail address, ktebbe1@indstate.edu. I thank you for your time.

Keith Tebbe, ATC, LAT
Indiana State University

Instrument

Link to instrument: https://indstate.qualtrics.com/SE/?SID=SV_br7d2GTRrwmRpHe



Please take 10 minutes of your time to help us understand how you feel working with Athletic Training Students.

This research project is being conducted by Keith Tebbe, Dr. Lindsey Eberman, and Dr. Leamor Kahanov from the Department of Applied Medicine and Rehabilitation at Indiana State University. The objective of this research project is to understand your comfort and satisfaction with the services provided by Athletic Training Students.

There are no known risks if you decide to participate in this research study, nor are there any costs for your participation. This survey is anonymous. There is no way to ensure full anonymity using the internet; however this is an encrypted online survey tool. No one will be able to identify you, nor will anyone be able to determine your academic institution. No one will know whether you participated in this study.

Your participation in this study is voluntary. If you choose to participate, please click the NEXT box below.

If you have any questions or concerns about completing the questionnaire or about being in this study, you may contact Keith Tebbe at (217) 246-5003 or at ktebbe1@sycamores.indstate.edu.

If you have any questions about your rights as a research subject, you may contact the Indiana State University Institutional Review Board (IRB) by mail at Indiana State University, Office of Sponsored Programs, Terre Haute, IN 47809, by phone at (812) 237-8217, or by e-mail at irb@indstate.edu.

Please state your willingness to participate below.

Yes, I wish to participate.

No, I do not wish to participate.

>>



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Are you an Athletic Training Student?

Yes

No

>>

Survey Powered By [Qualtrics](#)



Have you interacted with the Athletic Training Student(s) assigned to your sport?

Yes

No



Survey Powered By [Qualtrics](#)



Have you used Athletic Training Services recently? If yes, please describe (taping/wrapping, evaluation, recent injury, rehabilitation, prevention program, personal issue, etc.)?

Yes

No

>>



**Indiana State
University**
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Gender

Age

Sport

Athletic Division

Academic Year



Of the following characteristics, choose the best to describe an Athletic Training Student. SELECT ALL THAT APPLY.

- Tape ankles
- Evaluate injuries
- Rehabilitate injuries
- Distribute water/sports drink
- Prevent injuries/illnesses
- Emergency care
- Staff in Athletic Training Room (paid for service)
- Licensed health care professional

>>



Please rate your level of satisfaction for the following statements. If you have NOT had the experience described, please DO NOT rate the item.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Level of concern for your feelings or emotions following an injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication between you and the Athletic Training Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication between the Certified Athletic Training and the Athletic Training Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication between coaches and the Athletic Training Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of respect shown to you by Athletic Training Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge demonstrated by the Athletic Training Students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Various taping and wrapping skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation skills demonstrated by the Athletic Training Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of rehabilitation demonstrated by the Athletic Training Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First aid care provided by Athletic Training Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of care provided by Athletic Training Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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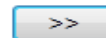




Please rate your level of comfort for the following statements. If you have NOT had the experience described, please DO NOT rate the item.

	Very Uncomfortable	Uncomfortable	Neutral	Comfortable	Very Comfortable
Approaching the Athletic Training Student about an injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talking about your injury with Athletic Training Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussing personal issues with Athletic Training Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of confidentiality between you and the Athletic Training Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Athletic Training Student tapping or wrapping you before practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Athletic Training Student tapping or wrapping you before a competition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment of injury by Athletic Training Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehabilitation of an injury by an Athletic Training Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Athletic Training Student asking Certified Athletic Trainer about when they are unsure about your injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Athletic Training Student asking other Athletic Training Student when they are unsure about your injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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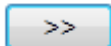
What do you think the role of an Athletic Training Student is at your institution?

How do you feel about your sport setting being used as a clinical experience for the Athletic Training Students?

How do you feel about receiving care from the Athletic Training Students?

What are some of the reasons why you might not approach an Athletic Training Student about an injury?

Do you interact with the Athletic Training Student(s) outside the athletic training room or sport setting? If so, explain the nature of your interactions (i.e. class, social functions, social networking sites, etc.).





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Thank you for participating in this research. Your contributions are appreciated.

Survey Powered By [Qualtrics](#)

APPENDIX C: RAW DATA

Participant	Accept Survey	Are you an Athletic Training Student?	Have you interacted with the ATS's assigned to your sport?	Have you used AT Services recently?	Services Used
1	1	2	1	1	ice, roll outs, ice bath
2	1	2	1	1	Injury, injury prevention, persibal issues..
3	1	2	1	1	recent injury, rehabilitation
4	1	2	1	1	recent back injury
5	1	2	1	1	Wrapping(?) (ice bags)
6	1	2	1	1	Taping
7	1	2	1	1	taping,rehabilitation
8	1	2	1	1	taping/wrapping, STEM
9	1	2	1	1	Second skin
10	1	2	1	1	Taping/wrapping, Rehab for MCL Sprain, Treatment for Asthma
11	1	2	1	1	icing knee
12	1	2	1	1	Heat, Ice, Evaluation, Taping, Injury, Consultation
13	1	2	1	1	Evaluation
14	1	2	1	1	evaluation, rehabilitation
15	1	2	1	1	heat on pulled muscle
16	1	2	1	1	taping/wrapping
17	1	2	1	1	pulled quad and meniscus tear
18	1	2	1	1	Heat Therapy and Wrapping
19	1	2	1	1	taping, rehab, recent injury

Participant	Accept Survey	Are you an Athletic Training Student?	Have you interacted with the ATS's assigned to your sport?	Have you used AT Services recently?	Services Used
20	1	2	1	1	evaluation of knee pain
21	1	2	1	1	taping/wrapping, achilles soreness
22	1	2	1	1	Wrapping, Rehab, Evaluation
23	1	2	1	1	taping/wrapping
24	1	2	1	1	tapping
25	1	2	1	1	taping and rehab
26	1	2	1	1	taping/wrapping
27	1	2	1	1	taped ankles
28	1	2	1	1	taping
29	1	2	1	1	taping/wrapping
30	1	2	1	1	ice
31	1	2	1	1	recent injury
32	1	2	1	1	chronic shoulder injury, ice, ultrasound, e-stem, laser, heat
33	1	2	1	1	wrapping
34	1	2	1	1	wrapping quad
35	1	2	1	1	rehabilitation
36	1	2	1	1	recent injury, taping
37	1	2	1	1	heat and ice knee
38	1	2	1	1	ACL rehab
39	1	2	1	1	injury and taping
40	1	2	1	1	personal issue

Participant	Accept Survey	Are you an Athletic Training Student?	Have you interacted with the ATS's assigned to your sport?	Have you used AT Services recently?	Services Used
41	1	2	1	1	taping/wrapping
42	1	2	1	1	Ice and Ice Baths
43	1	2	1	1	taping/wrapping
44	1	2	1	1	ultra sound, taping, wrapping, icing, rehabilitation
45	1	2	1	1	rehab
46	1	2	1	1	Many times ..sprained ankle ..rehab
47	1	2	1	1	icing/stretching
48	1	2	1	1	ice bag/wrapping
49	1	2	1	1	recent injury
50	1	2	1	1	Ankle Rehab and Taping, Stretching
51	1	2	1	1	taping/wrapping, chronic injury, rehabilitation, prevention exercises, modalities
52	1	2	1	1	rehabilitation program
53	1	2	1	1	rehabilitation
54	1	2	1	1	taping, rehab
55	1	2	1	1	shoulder therapy
56	1	2	1	1	rehab, stem
57	1	2	1	1	Rehab for lower back
58	1	2	1	1	Rehabilitation, prevention program

Participant	Accept Survey	Are you an Athletic Training Student?	Have you interacted with the ATS's assigned to your sport?	Have you used AT Services recently?	Services Used
59	1	2	1	1	ice and rehabilitation
60	1	2	1	1	rehab
61	1	2	1	1	mcl rehab; left and right ankle tape for practices/games
62	1	2	1	1	maconal tapping,knee brace, b petellar formal syndrome
63	1	2	1	1	tapping
64	1	2	1	1	rehab
65	1	2	1	1	ice bathes
66	1	2	1	1	rugby

Participant	Gender	Age	Sport	Athletic Division	Academic Year
1	2	18	13	3	2
2	2	19	13	3	3
3	2	18	13	3	2
4	2	20		3	4
5	1	20	13	3	7
6	1	22	13	3	4
7	1	18	5	3	2
8	2	20	14	3	3
9	2	22	13	3	5
10	1	19	5	3	3
11	2	18	11	3	2
12	1	23	10	3	6
13	1	19	1	3	3
14	1	22	1	3	6
15	2	18	11	3	2
16	1	18	10	3	2
17	2	21	10	3	5
18	1	20	10	3	4
19	1	22	5	3	2
20	2	20	3	3	4
21	2	19	2	3	3
22	2	18	2	3	3
23	1	18	5	3	2
24	1	20	3	3	3
25	2	19	10	3	3

Participant	Gender	Age	Sport	Athletic Division	Academic Year
26	2	21	2	3	4
27	2	18	2	4	2
28	2	20	2	4	4
29	2	18	2	2	2
30	2	18	12	2	2
31	2	18	12	2	2
32	2	20	12	2	4
33	2	22	12	2	5
34	2	18	2	1	2
35	2	21	3	4	5
36	2	21	14	4	5
37	2	21	14	2	5
38	1	20	12	2	3
39	1	19	13	2	3
40	2	18	2	2	2
41	2	18	12	2	2
42	2	18	12	2	2
43	1	20	16	2	3
44	2	18	16	2	2
45	2	21	12	1	5
46	1	21	13	1	4
47	2	19	11	1	3
48	2	20	11	1	4
49	2	18	16	1	2
50	1	18	10	1	2

Participant	Gender	Age	Sport	Athletic Division	Academic Year
51	2	21	16	1	7
52	2	21	13	1	5
53	1	21	13	1	4
54	2	22	14	1	5
55	2	21	11	1	4
56	2	20	11	1	4
57	2	20	11	1	4
58	2	21	14	1	5
59	2	19	12	1	3
60	2	19	13	1	3
61	2	21	16	1	5
62	2	19	12	1	4
63	1	18	5	1	1
64	2	20	12	1	4
65	1	20	3	1	4
66	2	19	16	1	2

Participant	Tape ankles	Evaluate injuries	Rehabilitate injuries	Distribute water/sports drink	Prevent injuries/illnesses	Emergency care	Staff in Athletic Training Room (paid for service)	Licensed health care professional
1	1		1	1	1		1	
2	1	1	1	1				
3	1		1	1			1	
4	1	1	1	1				
5	1	1	1	1				
6	1		1	1		1	1	
7	1	1	1	1				
8	1	1	1		1	1	1	
9	1	1	1	1				
10	1	1	1	1	1	1		
11	1	1	1	1	1		1	
12	1	1	1	1	1	1	1	
13	1	1	1	1	1	1	1	
14	1	1	1	1	1		1	
15	1	1	1	1	1	1		
16	1	1	1	1	1	1	1	
17	1	1	1	1	1			
18	1	1	1	1	1		1	
19	1		1	1	1			
20	1	1	1	1	1		1	
21	1	1	1	1	1	1		
22	1	1	1	1	1			

Participant	Tape ankles	Evaluate injuries	Rehabilitate injuries	Distribute water/sports drink	Prevent injuries/illnesses	Emergency care	Staff in Athletic Training Room (paid for service)	Licensed health care professional
23			1					
24	1			1	1		1	
25	1	1	1	1	1	1		
26	1	1	1	1				
27	1	1	1	1	1	1		
28	1	1	1	1				
29	1	1	1	1	1	1	1	1
30	1	1		1	1			
31	1	1	1	1				
32	1	1	1	1				
33	1			1				
34	1	1	1	1	1			
35			1					
36	1	1	1	1				
37	1		1	1	1			
38	1		1	1				
39	1	1	1	1	1	1		
40	1	1		1				
41	1			1				
42	1			1	1			
43	1	1	1	1	1	1	1	1
44	1	1	1				1	

Participant	Tape ankles	Evaluate injuries	Rehabilitate injuries	Distribute water/sports drink	Prevent injuries/illnesses	Emergency care	Staff in Athletic Training Room (paid for service)	Licensed health care professional
45		1	1	1	1	1		
46	1	1	1	1				
47	1	1	1	1				
48	1	1	1	1			1	
49	1	1	1	1			1	
50	1		1	1	1			
51	1	1	1	1	1	1		
52	1	1	1	1	1	1		
53	1		1	1				
54	1		1	1				
55	1	1	1	1	1			
56	1	1	1	1				
57	1	1	1	1	1			
58	1	1	1	1	1			
59	1		1	1				
60	1	1	1	1	1	1	1	1
61	1	1	1	1	1	1	1	1
62	1	1	1	1				
63	1	1	1	1	1	1	1	1
64		1	1	1			1	
65	1	1	1	1	1	1	1	
66	1	1	1	1	1	1	1	1

Participant	Level of concern for your feelings or emotions following an injury	Communication between you and the Athletic Training Student	Communication between the Certified Athletic Training and the Athletic Training Student	Communication between coaches and the Athletic Training Student	Level of respect shown to you by Athletic Training Student	Knowledge demonstrated by the Athletic Training Students
1		4		5	4	
2	4	4	4	4	4	4
3		2			5	
4	1	1	1	1	1	1
5	3	4	5	5	5	5
6	4	5	5	5	5	4
7	4	5	5	5	4	4
8	4	4	3	1	4	4
9	5	4	5	4	5	4
10	5	5	5	5	5	5
11	4	4	3	3	4	4
12	5	5	5		5	4
13	4	4	4	4	5	4
14	4	4	4	4	4	5
15	4	4		5	5	4
16	4	4	4	4	4	4
17	4	4	5	3	5	4
18	4	4	4	3	4	4
19	3	4	4	3	4	4
20	4	5	4	3	5	4

Participant	Level of concern for your feelings or emotions following an injury	Communication between you and the Athletic Training Student	Communication between the Certified Athletic Training and the Athletic Training Student	Communication between coaches and the Athletic Training Student	Level of respect shown to you by Athletic Training Student	Knowledge demonstrated by the Athletic Training Students
21	5	5	5	5	5	5
22	4	5	5	3	5	4
23	4	4	5	5	4	4
24	4	4	5		5	5
25	5	5	5	5	4	5
26	5	3	4	4	5	4
27		5	5	5	5	5
28	4	4	4	4	4	4
29	5	5	5	5	5	5
30	3	3	3	4	4	4
31	3	4	4	4	2	4
32	3	3	4		2	4
33	3	1	3	1	3	3
34	4	5	5	4	4	4
35	4	5	5	4	5	4
36	4	5	5	5	5	4
37	4	4	4	2	4	3
38	5	4	5		5	4
39	4	5	3	3	5	4

Participant	Level of concern for your feelings or emotions following an injury	Communication between you and the Athletic Training Student	Communication between the Certified Athletic Training and the Athletic Training Student	Communication between coaches and the Athletic Training Student	Level of respect shown to you by Athletic Training Student	Knowledge demonstrated by the Athletic Training Students
40		4	4	5	4	4
41	4	4		3	4	3
42	3	2	3	3	4	3
43	5	5	5	5	5	5
44	3	4	4	4	4	3
45	4	4	4	5	4	4
46	4	4	4		4	4
47	4	2		2	4	2
48	3	3	2	2	5	3
49	5	5	5	5	5	5
50	4	4	4	3	4	4
51	4	4	2	4	3	4
52	4	4	5	1	4	2
53	4	4	4	4	4	4
54	4	4	4	2	5	5
55	5	5	5	3	5	4
56	5	4	4	4	4	4
57	4	4	4	4	4	4
58	4	5	4	3	5	4

Participant	Level of concern for your feelings or emotions following an injury	Communication between you and the Athletic Training Student	Communication between the Certified Athletic Training and the Athletic Training Student	Communication between coaches and the Athletic Training Student	Level of respect shown to you by Athletic Training Student	Knowledge demonstrated by the Athletic Training Students
59	4	4		4	5	4
60		5	4	5	3	4
61	4	4	5	5	4	4
62	3	4	4	3	4	4
63	4	4	4	4	4	4
64	3	5	4	4	4	4
65						
66						

Participant	Various taping and wrapping skills	Evaluation skills demonstrated by the Athletic Training Student	Quality of rehabilitation demonstrated by the Athletic Training Student	First aid care provided by Athletic Training Student	Quality of care provided by Athletic Training Student
1			4		4
2	4	4	4	4	4
3					
4	1	1	1	1	1
5	5	5	5	3	3
6	4	4	4	4	5
7	4	4	4	4	4
8	5	3	3	5	4
9	4	5	5		5
10	5	5	5	5	5
11	4	4	4	4	4
12	5	4	4	4	4
13	4	4	4	4	4
14	4	4	4	5	5
15					5
16	4	4			4
17	4	4	4	4	4
18	4	3	4	4	4
19	2	2	3		3
20	4	3	4		4
21	5	5	5	5	5
22	3	5	5	3	5
23	3	5	5	5	5

Participant	Various taping and wrapping skills	Evaluation skills demonstrated by the Athletic Training Student	Quality of rehabilitation demonstrated by the Athletic Training Student	First aid care provided by Athletic Training Student	Quality of care provided by Athletic Training Student
24	5				
25	4	4	4	4	4
26	3	4	4	4	4
27	4	5		5	5
28	4	4	3	3	4
29	5	5	5	5	5
30	4	4	4	3	4
31	4	3	4	3	4
32		4	3		3
33	2	2	2	2	2
34	4		4		4
35	3	5	5	5	5
36	4	5	5	5	5
37	5	4	4	4	4
38		3	4		4
39	5	5	5	3	5
40					4
41	4	4			4
42	3	5	3	4	4
43	5	5	5	5	5
44	3	3	3	3	4
45		4	4		4

Participant	Various taping and wrapping skills	Evaluation skills demonstrated by the Athletic Training Student	Quality of rehabilitation demonstrated by the Athletic Training Student	First aid care provided by Athletic Training Student	Quality of care provided by Athletic Training Student
46	3	4	4	4	4
47	3	3	3	4	3
48	2	3	3	4	4
49	5	5	5	5	5
50	4	4	4	4	4
51	4	4	4	4	4
52	2	2	2	4	4
53	4	3	4		4
54	5	4	4	4	5
55	4	4	5	5	5
56	4	4	4	4	4
57	4	4	4	4	4
58	4	3	4	4	4
59	4	3	4	4	4
60		4		3	2
61	3	3	3	4	4
62	4	4	3		4
63	4	4	4	4	4
64	4	4	4	3	3
65					
66					

Participant	Approaching the Athletic Training Student about an injury	Talking about your injury with Athletic Training Student	Discussing personal issues with Athletic Training Student	Level of confidentiality between you and the Athletic Training Student	Athletic Training Student tapping or wrapping you before practice
1	4	4	3	3	5
2	5	5	5	4	5
3	4	4			5
4	5	5	5	5	5
5	5	5	4	4	5
6	4	5	5	5	3
7	4	4	4	4	4
8	4	5	4	4	5
9	4	5	2	3	5
10	5	5	5	5	5
11	4	4	2	4	4
12	4	4	3	3	
13	4	4	3	4	3
14	5	5	5	5	4
15	5	5	5	4	
16	4	4	3	4	5
17	3	3	3	3	2
18	4	4	4	4	4
19	3	3	3		
20	5	5	2	4	5
21	5	5	5	5	5
22	3	5			

Participant	Approaching the Athletic Training Student about an injury	Talking about your injury with Athletic Training Student	Discussing personal issues with Athletic Training Student	Level of confidentiality between you and the Athletic Training Student	Athletic Training Student tapping or wrapping you before practice
23	5	5		4	5
24	5	5	3		
25					
26	4	3	2	4	3
27	5	5	5	5	5
28	4	4	3	3	4
29	5	5	5	5	5
30					
31	3	5	4	3	
32	4	4	3	4	4
33					
34	4	4	4	4	4
35	5	5	4	3	
36	5	5	5	4	4
37	5	5	2	2	5
38	4	5	4		
39	5	5	3	5	5
40	4	4			
41	4	4	2		4
42	4	4	4	4	3
43	5	5	5	5	5
44	3	3	2	3	4
45	5	4	3	4	

Participant	Approaching the Athletic Training Student about an injury	Talking about your injury with Athletic Training Student	Discussing personal issues with Athletic Training Student	Level of confidentiality between you and the Athletic Training Student	Athletic Training Student tapping or wrapping you before practice
46	4	4	4	4	4
47	2	2	4	4	
48	4	2	2	3	4
49	3	3	2	4	5
50	4	4	3	4	4
51	4	5	4	4	4
52	2	4	3		2
53	4	4	3		4
54	4	4	4	4	5
55	4	5	3	2	4
56	5	5	4	5	5
57	5	5	5	5	5
58	5	5	4	4	3
59	4	4	3	4	4
60	3	4	4	2	5
61	4	5	3	3	4
62	3	4	3	4	3
63	4	4	4	4	4
64					
65					
66					

Participant	Athletic Training Student tapping or wrapping you before a competition	Assessment of injury by Athletic Training Student	Rehabilitation of an injury by an Athletic Training Student	Athletic Training Student asking Certified Athletic Trainer about when they are unsure about your injury	Athletic Training Student asking other Athletic Training Student when they are unsure about your injury
1	5	3	4	5	2
2	4	4	4	5	5
3	5	2	3	5	4
4	5	5	5	5	5
5	5	4	4	5	5
6	5	4	4	3	4
7	4	4	4	4	4
8	5	4	3	5	4
9	4	4	5	5	5
10	5	5	5	5	5
11	4	2	4	4	4
12		3	3	5	4
13	3	5	4	4	5
14	4	4	5	5	5
15				5	5
16	5	4	4	5	5
17	2	3	3	4	4
18	3	3	3	4	3
19	4		4	5	3
20		4	4	4	3
21	5	5	5	5	5

Participant	Athletic Training Student tapping or wrapping you before a competition	Assessment of injury by Athletic Training Student	Rehabilitation of an injury by an Athletic Training Student	Athletic Training Student asking Certified Athletic Trainer about when they are unsure about your injury	Athletic Training Student asking other Athletic Training Student when they are unsure about your injury
22		4	3	5	3
23	5	3	4	5	4
24					
25					
26	3	2	3	5	2
27	5			5	5
28	4	4	4	4	4
29	5	5	5	5	
30					
31		5	5	5	5
32		4	4	4	4
33					
34	4	4	4	4	4
35		4	4	5	5
36	4	3	4	5	4
37	5	2	4	5	3
38		3	4	5	
39	5	4	5	5	5
40					4
41	4	3	3	4	2

Participant	Athletic Training Student tapping or wrapping you before a competition	Assessment of injury by Athletic Training Student	Rehabilitation of an injury by an Athletic Training Student	Athletic Training Student asking Certified Athletic Trainer about when they are unsure about your injury	Athletic Training Student asking other Athletic Training Student when they are unsure about your injury
42	2	2	2	5	3
43	5	5	5	5	5
44	4	3	3	5	5
45		4	4	5	4
46	3	4	4	4	4
47				4	4
48	4	3	3	4	2
49	5	4	5	5	5
50	4	4	4	4	4
51	4	3	2	5	2
52	2	4	3	5	2
53	3	3	4	5	2
54	5	4	4	5	2
55	4	4	4	4	4
56	5	5	5	5	5
57	5	4		5	3
58	3	4	4	5	4
59	4	3	4	5	4
60	5	4	4	5	5
61	4	3	4	5	3

Participant	Athletic Training Student tapping or wrapping you before a competition	Assessment of injury by Athletic Training Student	Rehabilitation of an injury by an Athletic Training Student	Athletic Training Student asking Certified Athletic Trainer about when they are unsure about your injury	Athletic Training Student asking other Athletic Training Student when they are unsure about your injury
62	3	3	4	4	3
63	4	4	4	4	4
64					
65					
66					

Participant	What do you think the role of an Athletic Training Student is at your institution?
-------------	--

1

2 To learn and to help prevent injuries. Once injured to rehab the injury

3

4 Attend to our injuries

5 To learn about injuries that happen to athletes. To do everything in their power to prevent injuries, recover from injuries, and help us maximize opportunities.

6 Assist the Athletic Trainer in the sport he or she is specialized in. Training students should be able to execute simple tasks such as taping, bandage, disburse water and short term massages to athletes. The Primary role of an Athletic Training Student should be to learn from the Athletic Trainer.

7

8 They handle athletes and their injuries. They are there for first-aid, and general injury assessment and rehab.

9 They are supporting the Training staff. They attend practices and meets of the sport they are assigned to and are responsible for getting water for the team as well as evaluating, taping and rehab under the supervision of the head trainer for the sport

10 Helping the student-athlete with any medical concerns

∞

11 to help and support the Athletic Training staff with anything athletes need while practicing or playing, as well as before and after.

12 Is to participate and gain knowledge taught by the certified athletic trainer.

13 To be there for an athlete when they become injured.

14 very helpful. Assist the Athletic Trainers in any situation they need help

15 I think that the athletic training students are very involved at my university. They help take some of the weight off of the shoulders of the busy certified athletic trainers, and it helps them learn and practice their skills on others.

16 To help athletes deal with and prevent injuries

17 observe the certified and perform taping and other jobs when they have recieved the ncessary training

18 To assist the Certified Athletic Trainer

19

20

Participant What do you think the role of an Athletic Training Student is at your institution?

21

22 They play a huge role and usually do a good job.

23 An asset to help students to perform at there best abilitly while they work toward there major

24

25

26 to tape/wrap, help with rehabilitation, be there when injured

27 To provide proper care and hydration to the athletes during practice and rehabilitation when needed.

28 The athletic training students help get the athletes ready for practice. This includes taping/wrapping, giving treatments, and any other thing to help the athlete get ready for practice. They also get the water bottles ready.

29 To help out when needed.

30

31 I think that they are very important to the Athletes. I go into the training room frequently to get ice and wrappings. They are very helpful and a wonderful source to have on campus.

32 To gain experience in order to help apply once graduated.

33 I don't think they do enough. I won't go to them if i'm injured or need anything other than ice.

34 To assist the certified trainer in helping out the athlete.

35 To take care of the athletes and devote their skill and knowledge to helping an injured athlete.

36 Do things that are required of them for their class such as taping, stem, and ultrasound.

37 I think their role is to observe and learn how to perform the duties of an athletic trainer, and once they are qualified, they can tape ankle and such.

38 Tape ankles, make sure each team has water for practice, evaluate anf rehab injuries to their degree of knowledge

39 The athletic training students at my institution are very involved in diagnosing injuries and rehabilitating them.

40 To provide another service of helping out injured athletes, while training to becoming certified.

41 To learn how to become a practicing athletic trainer by assessing very minor to slightly more complicated injuries of athletes as the student goes throughout college.

Participant	What do you think the role of an Athletic Training Student is at your institution?
42	To become an Athletic Trainer they must learn from other athletic trainers by observing athletes in a hands on environment. if they are not allowed to do so then they will never learn
43	Help the athletes with whatever problems they may have.
44	Learn what it takes to be an athletic trainer
45	carrying out the tasks assigned by the head trainers, motivating athletes to do rehab, provide information and support when head trainers are absent
46	To help them get hands on experience
47	They are supposed to perform basic tasks like rehab, stretching, icing etc.
48	Their role is to make sure there is a first aid kit and water at all practices and take care of minor injuries immediately. If there is a major injury, after a doctor evaluates it, then the trainer can help with rehab facilitated by the doctor and the trainer can check up on the injury. One of their main jobs is to communicate to the coaches about injuries especially if the athlete is trying to cover it up and hide it.
49	
50	The same as a paid athletic trainer. Their job is to make sure the athletes are healthy and can participate
51	They have a huge role. With the amount of teams we have, its difficult for the limited ATCs to take care of everything. Their skill depends on how much effort they put into learning, which determines how active a role they take. They assist rehab and evaluating athletes with supervision or consultation with an ATC and can then actively learn while helping the athletes.
52	To help around with stretching, preparing ice bags, handling rehab exercises.
53	assist with rehab and assist athletic trainer with various tasks.
54	assist the athletic trainer and do lesser duties of an athletic trainer
55	very well organized, care a lot for the athletes but just seem a little shy
56	to help athletes with injuries to get healthy as quickly and efficiently as possible
57	To help out certified trainer and to learn from the certified.
58	The Athletic Training Student is there to gain experience working in a field that they plan to pursue as a career. They slowly take on more roles as the season progresses including pre-practice responsibilities, taping/wrapping, some supervised evaluation, and assisting with rehabilitation and evaluation.

Participant	What do you think the role of an Athletic Training Student is at your institution?
59	They are the extra eyes and hands for the athletic trainers because there are so many athletes.
60	to help and prevent injury and illness
61	To get the training they need to become a certified athletic trainer. Tape, rehab, answer questions/ concerns of the athlete
62	I think it is neat that they get to have experience with hands on interaction with the athletes.
63	it has potential
64	
65	
66	

Participant How do you feel about your sport setting being used as a clinical experience for the Athletic Training Students?

- 1
- 2 I would be fine with it.
- 3
- 4 Fine
- 5 Working hands on (in my opinion) is the best way to learn
- 6 Comfortable
- 7
- 8 Sounds like a good idea.
- 9 I think it is great. The best way to learn is with hands on experience when you can improve through the advice of an experienced supervising trainer
- 10 Great our student trainers are awesome
- 11 Hands-on is the best way to learn, the students can help out just as much as Certified staff on some things.
- 12 I enjoy it. I like that they have hands on experience.
- 13 I think it is good for them to get the first hand experience.
- 14 I like it. If I can help their learning experience I think that is awesome.
- 15 I feel that it is okay as long as the students are supervised.
- 16 I feel fine with it as everyone benefits. If they mess up the Teacher is right there to fix it. I have not seen an athletic training student ever mess up however.
- 17 i think it is a great opportunity for the students to be able to actually be in the field and get hands on experiance in what they want to do with their lives
- 18 I feel that it's necessary, but only with the overview of a Certified Athletic Trainer.
- 19
- 20
- 21
- 22 It is okay becuase it is free but a lot of the times the trainers aren't doctors and even the doctors that come in aren't specialists and are just guessing

Participant How do you feel about your sport setting being used as a clinical experience for the Athletic Training Students?

- 23 I feel very comfortable about it and feel as though it speeds up the recovery process.
24
25
26 i think its a great opportunity for the athletic training student to experience real life events
27 Athletic Training Students are just that, student. They have to learn how to do their job well and efficiently,
and the only way to accomplish that is by practice.
28 I would feel comfortable with this.
29 Great
30
31 I don't mind. They help us with our injuries, and we help them learn.
32 I feel fine with them using it as clinical experience. It is going to help them learn in the long run and usually
an Athletic Trainer supervises or double-checks work done.
33 I don't trust them.
34 I like it because it's easier to talk to the students than it is to the certified trainer.
35 I do not mind as long as it does not interfere with our training.
36 I don't care. They need the practice so why not use the students.
37 I feel like there are not very many injuries in volleyball, but if there are they are with ankles, so they they
probably learn a lot about taping ankles.
38
39 I am comfortable with my sport being a learning environment.
40 Comfortable.
41 I don't mind at all. As long as everything is done correctly.
42 good
43 I feel safe and able to get efficient help if needed.
44 as long as its only bettering our team, it doesnt bother me
-

Participant How do you feel about your sport setting being used as a clinical experience for the Athletic Training Students?

- 45 Fine, most are very attentive and without them getting lots of clinical time they are not going to learn.
- 46 Its fine
- 47 I think that they can gain a lot of experience especially in cases of muscle soreness or pulled muscles. I think they can learn a lot by helping our team.
- 48 I think it's fine.
- 49 I think it is a good thing. It also gets rugby out there to those who had never heard of it.
- 50 It is nesecary. I don't see how else people could learn to be trainers
- 51 I find myself as a clinical experience, so I think it's great. Students are there to learn. Women's rugby is a different sport, which offers different injuries and more opportunity to learn.
- 52 I mind only when they are trying to asses me or telling invalid information.
- 53 I think it is the best way for student athletic trainers to learn. In general they are very helpful and allow the training room to run much more smoothly.
- 54
- 55 good, they get the knowledge of being hands on with an athlete. they get the understanding and a idea of the care that may be given by seeing the injury happen.
- 56 i dont mind because it exposes them to all types of injuries first hand
- 57 It doesn't bother me, I hope they love learning!
- 58 Honestly, it depends on the student. If the Athletic Training Student understands their role and earns respect of the athletes and formulates that relationship then I do not mind the students at all. When I can tell the student does not want to be there or does not care to learn then I do not like having them there. It puts me at ease knowing that they are there to learn but there is also a certified Athletic Trainer that will be advising everything.
- 59 I feel like its fine as long as I can trust them and I do.
- 60
- 61 I like it. Rugby isnt very popular and its different; good for them to be diverse
-

Participant How do you feel about your sport setting being used as a clinical experience for the Athletic Training Students?

62 I don't mind. More power to the school if they have students that can come in and help with rehab and injuries. Its just as big of help for the athletes to have them their as it is for the students.

63 it has potential

64

65

66

Participant	How do you feel about receiving care from the Athletic Training Students?
-------------	---

- 1
- 2 I received most of my care from athletic training students
- 3
- 4 Comfortable and trusting
- 5 They are supposed to know what they're doing. They know more than me, as long as I can be clear communicating my problems, I trust them.
- 6 Comfortable
- 7
- 8 I trust my trainers.
- 9 They do a very good job. They are very conscientious, especially because of being students and being watched.
- 10 Love it
- 11 Personally, I know alot about athletic training just from having plenty of injuries myself, so if they are doing something wrong, I would know.
- 12 I am fine with it because our school requires knowledge before they can particapte in giving care
- 13 I feel that they are trained well by the athletic training professors at our school, so I feel that I am in good hands when they care for me.
- 14 I dont mind it if I am sure they know what they are doing. I have full faith in out athletic training staff that they have instructed the students in what they are supposed to do
- 15 I feel that as long as they are supervised and learning that I am comfortable with them giving me care.
- 16 I feel fine with it
- 17 it depends, i am very comfortable with the upper level students however, some of the younger ones are not as experieced and i dont mind letting them practice on my however i dont want to practice or play with the tape job
- 18 Fairly Comfortable
- 19
- 20
- 21
- 22 they do a good job of what they are told to do

Participant	How do you feel about receiving care from the Athletic Training Students?
23	I feel very comfortable about the quality of care I receive.
24	
25	
26	for the most part i am comfortable, unless it is dealing with a serious injury
27	I am very comfortable with it. If anything were to ever go wrong, then the Athletic Training Student Adviser is always there to help.
28	I would receive care for minor injuries but for more serious injuries I would rather have the athletic trainer help me.
29	Respected
30	
31	It doesn't bother me as long as they are not going to put me in anymore pain than I already am.
32	I would be okay receiving care from students.
33	I often don't, I go to someone else.
34	I feel totally comfortable around them.
35	I feel very comfortable and I believe we have a great athletic training program.
36	It doesn't matter to me.
37	I don't mind receiving care of an athletic training student. They are just as gentle as our regular trainers most of the time.
38	
39	I am confident in receiving care
40	If I receive care properly, I will be satisfied.
41	I feel good about receiving care from them.
42	good, it is just that i am lazy sometimes and i feel like it would be faster/easier if the real athletic trainer taped ice on me very quickly rather than waiting on the student because they are using such caution they are kind of slow and new to it. i understand though i just get rushed sometimes
43	They know exactly what they are doing, so I am completely comfortable with it.
44	comfortable, but sometimes worry about what they really know and what they think they know
45	Depends on the student, but most of the time I do not have a problem with it.

Participant	How do you feel about receiving care from the Athletic Training Students?
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- | | |
|----|--|
| 46 | If they know what they are doing then I have no problem |
| 47 | I am very uncomfortable going to our current students. If I feel that I need anything I usually go to our certified trainer because I don't think our students know enough to sufficiently help me out. I filled out the survey based on our current one. Not all our student trainers are like them. Most of the others are a lot better at attending to injuries and helping us out. |
| 48 | I don't mind. Sometime I hate how they wrap ice bags though because i feel like they haven't been taught properly. |
| 49 | I am very comfortable with it. |
| 50 | As long as them are knowlegable and trustworthy I don't care. |
| 51 | I welcome their care, as long as they've consulted an ATC because they're still learning and don't know the information completely. After I've gained their trust with regards to their skills, I'm less likely to question everything. |
| 52 | I do NOT like to be assesed by AT students. I will only ask them to stretch me. |
| 53 | in general I am comfortable with receiving treatment from student athletic trainers depending on their experience and how long they have been in the program. I would not feel comfortable having an injury diagnosed by a student athletic trainer. |
| 54 | generally im alright it |
| 55 | okay, i prefer to have a head athlete trainer because they have a better understanding on how to care for the injury. |
| 56 | i enjoy it, i feel like they are more approachable then Certified trainers. |
| 57 | As long as i get treatment and get better I don't care who is helping! |
| 58 | I am OK with receiving care from Students. I know that I can tell them if something is uncomfortable or seems off. |
| 59 | I see the Athletic trainers show them how to do it so I trust them. |
| 60 | just as long as i get proper treatment i dont mind. their just rude sometimes when you try to get their attention |
| 61 | Good if they know what they're doing. |
| 62 | Depends on the athletic student giving the care, but for the most part im okay with the the stuents giving the care. |
| 63 | it has potential |
| 64 | |
| 65 | |
| 66 | |
-

Participant What are some of the reasons why you might not approach an Athletic Training Student about an injury?

- 1 If it was an awkward injury (ie groin injury) and I was uncomfortable around the male students.
- 2 They are busy, or it is obviously very very bad so I would see the head trainer
- 3
- 4 n/a
- 5 If it was something I did that was stupid (i.e. kicked a chair, tripped over myself)
- 6 If the injury is severe, internal or may need professional evaluation and care.
- 7
- 8 If it is a injury that wouldn't allow me to participate in my sport.
- 9 I think they may not understand the injury if they have not seen it before, like when my arch dropped.
- 10 Might be put down from practice
- 11 I would feel better asking someone who is certified, not just learning.
- 12 because I am ok with them assessing my injury because I may not know exactly what is going on
- 13 Fear of them not letting me compete.
- 14 There are none
- 15 If it is very serious, or if there is a certified trainer readily available.
- 16 none
- 17 they have not had as much instruction or experience as the ATC
- 18 Lack of knowledge, I'm more comfortable talking to someone who is Certified.
- 19
- 20
- 21
- 22 They guess a lot and don't often give deffinitive answers
- 23 If it is a serious injury that may keep me out of competetion.
- 24
- 25
- 26 if i have a serious injury / / the number of years of experience

Participant	What are some of the reasons why you might not approach an Athletic Training Student about an injury?
27	The only reason I might not want to approach a student about an injury would be if the student were to be male and my injury might be in a place that would be uncomfortable for a male my age to handle.
28	It would depend how serious the injury is.
29	Scared they will tell me I cannot practice
30	
31	I would be embarassed about having more than one injury or going into the training room more than once.
32	They don't pay a lot of attention to you when entered the athletic training room. Sometimes they seem more concerned with studying for their next exam or talking with the other students instead of helping.
33	They don't care enough.
34	
35	Its not that serious, or I do not personally know the athletic trainer that is for my sport.
36	If I feel the injury is out of their knowledge then I would ask the certified trainer.
37	Initally if i have an injury I always talk to one of the head trainers first then I get treated by the athletic training students. I do this because I feel more comfortable having the head trainer evaluating me and them telling the athletic trainging students what to do.
38	I think it's something serious and they don't know enough to correctly diagnos me.
39	If i am not injured very bad.
40	You may not want to sit out of the sport you are in, the injury may not be as crucial, or you don't want to.
41	If my injury is extremely severe, I want a professional to help me.
42	the same answer as above. i am lazy and i get rushed so it seems like it would be faster to have a trainer wrap me for ice
43	If the injury is not serious enough. If it is just sore.
44	I may feel like it would be better if seen by a doctor
45	more personal or server where you know they wont be as knowledgeable.
46	They don't know what they are doing
47	They don't know what they are doing.

Participant What are some of the reasons why you might not approach an Athletic Training Student about an injury?

- 48 They may not know anything about it and they might make it seem more extreme than it is which would result in me sitting out of practice or a game.
- 49 I would not want to miss a game.
- 50 Because I want to play
- 51 They're not fully educated. They're personality makes them unapproachable. They're lazy. They're irresponsible.
- 52 I don't feel they are competent enough. I have had personal experiences where they have had no idea what was wrong with me.
- 53 They are not certified to diagnose injuries and they do not have the experience of a certified athletic trainer
- 54 not as experienced
- 55 they may not understand exactly you are talking about, or they may be confused on the treatment to give.
- 56 sometimes they arent as forceful when necessary in stretches or massages, and they sometimes arent allowed to issue a different excercise for my injury.
- 57 Pain, fear of getting injured
- 58 Some of the reasons I may not approach an Athletic Training Student about an injury is just because I feel like I can receive a better, more well-informed answer from the certified Athletic Training Student.
- 59 They might not know what it is.
- 60 they act like they dont want to do any work
- 61 Inexperience, don't take their role seriously
- 62 When they seem to not really know what they are doing, look unapproachable
- 63 lack of experience
- 64
- 65
- 66
-

Participant Do you interact with the Athletic Training Student(s) outside the athletic training room or sport setting? If so, explain the nature of your interactions (i.e. class, social functions, social networking sites, etc.).

1

2 Yes! I always say hi to them when I see them around campus! Also, I am friends with a lot of them on facebook.

3

4 no

5 Some AT students are my friends. We eat, play games, watch movies, play music, go to class events.

6 Yes. Classrooms, off campus, social functions, social networking.

7

8 I see my trainers around campus and at social functions, and on facebook.

9 I have had class with some of the training students and I am friends with some of them too

10 Yes, Classes and I am friends with most of my trainers

11

12 Class, School, Social functions

13 Yes. I have classes with some of them plus I am friends with them on social networking sites.

14 Yes, Class, Social functions, social networking sites, and on my team

15 yes, in the dorms I talk to them frequently about pains and aches I may have. Many of them show me how to make ice bags, stretch, etc.

16 Yes, class, social functions, Facebook

17 yes, a lot of my really good friends are athletic training students

18 Yes, social functions, or day to day class

19

20

21

22

23 I Meet and see many of our athletic training students at social functions. /

24

25

Participant Do you interact with the Athletic Training Student(s) outside the athletic training room or sport setting? If so, explain the nature of your interactions (i.e. class, social functions, social networking sites, etc.).

- 26 not really..
- 27 Yes. We have been at social functions together and are friends on Facebook.
- 28 I interact with some of the athletic training students at social functions.
- 29 I see them in the hallway-very nice and caring
- 30
- 31 No
- 32 Not a whole lot. Sometimes I seem them on campus or in the school cafeteria. Once or twice they have asked how I am doing, but other than that not much.
- 33 No
- 34
- 35 Social functions and social networking. I am pretty good friends with most of the athletic trainers.
- 36 Yes. We have hung out together at parties and eat in the school cafeteria together.
- 37 Yes we are facebook friends, and we go to parties together.
- 38 No
- 39 yes, class and social functions
- 40 No.
- 41 Yes, one of them works in our writing lab and also helps me with my essays.
- 42 yes, in my dorm. they are cool!!!!
- 43 Yes, classes with them. Interacting.
- 44 no
- 45 no
- 46 Not really
- 47 n/a
- 48 Yes I see them in passing around campus and at a few social functions.
- 49 Yes I might see them on my way to class, we would be a facebook friends, and at a social function.
- 50 No
-

Participant Do you interact with the Athletic Training Student(s) outside the athletic training room or sport setting? If so, explain the nature of your interactions (i.e. class, social functions, social networking sites, etc.).

- 51 I see them around campus, but I don't hang out with them outside the ATR.
- 52 Yes, we go out to dinner after practices and connect on facebook.
- 53 I am in many classes with student athletic trainers. I also interact with some of them at social functions on networking sites.
- 54 class, social functions
- 55 No
- 56 yes, social networking, and i see my previous trainers at social functions sometimes
- 57 Yes, class I am a teacher assistant for Human Anatomy so I help to tutor a lot of them
- 58 I do not see the Athletic Training Student assigned to my team very often outside the athletic training room or gym.
- 59 Yes if they aren't in charge of my sport but once assigned to us. We are not allowed to interact in a social setting.
- 60 no
- 61 Yes. Friends
- 62
- 63 yes
- 64
- 65
- 66
-

Contacted Schools

Salem State University
Colby-Sawyer College
University of New Hampshire
Norwich University
University of Southern Maine
Castleton State College
Boston University
University of Maine – Orono
Westfield State University
Springfield College
University of Maine at Presque Isle
Keene State College
University of Connecticut
Scared Heart University
Central Connecticut State University
Endicott College
Bridgewater State University
Merrimack College
Plymouth State University
Southern Connecticut State University
Marist College
Mercyhurst College
Canisius College
SUNY - Cortland
California University of Pennsylvania
University of Pittsburgh at Bradford
SUNY – Brockport
Neumann University
Dominican College
Rowan University
Hofstra University
Montclair State University
Alvernia University
Slippery Rock University
Messiah College

Pennsylvania State University
Kean University
Alfred University
Temple University
William Paterson University
Erskine College
Methodist University (NC)
University of South Carolina
Western Carolina University
Limestone College
George Mason University
George Washington University
Gardner-Webb University
Bridgewater College
Roanoke College
North Carolina Central University
Lees-McRae College
University of North Carolina – Wilmington
Mars Hill College
Appalachian State University
James Madison University
Illinois State University
University of Mount Union
Saginaw Valley State University
Minnesota State University – Mankato
Manchester College
Urbana University
College of Mount St. Joseph
Lewis University
Northern Michigan University
Franklin College
McKendree University
University of Wisconsin – LaCrosse
University of Indianapolis
Bethel College
Dakota Wesleyan University
University of Nebraska – Omaha
Central Methodist University

Iowa State University
Emporia State University
Lindenwood University
Culver-Stockton College
Missouri State University
University of Iowa
University of Mary Hardin-Baylor
University of Central Arkansas
Arkansas State University
West Texas A & M University
Texas Lutheran University
Texas A & M University – Corpus Christie
Southern Arkansas University
Baylor University
Texas A & M University – Commerce
Hardin-Simmons University
Fort Lewis College
University of Northern Colorado
Metropolitan State College of Denver
Weber State University
University of Utah
Southern Utah University
Northern Arizona University
New Mexico State University
Colorado Mesa University
Colorado State University – Pueblo
Brigham Young University
Grand Canyon University
Point Loma Nazarene University
California State University – Fresno
University of the Pacific
University of LaVerne
California State University – Long Beach
Loyola Marymount University
California State University –

Northridge
California State University –
Sacramento
Chapman University
San Jose State University
Vanguard University
California State University –
Fullerton
Azusa Pacific University
Concordia University – Irvine
(CA)
University of Nevada – Las
Vegas
San Diego State University
The Florida State University
Troy University
Murray State University
Valdosta State University
Tusculum College
Georgia College and State
University
Northern Kentucky University
Middle Tennessee State
University
University of Southern
Mississippi
Florida Southern College
Whitworth University
Eastern Washington University
Boise State University
Washington State University
University of Idaho
University of Montana
George Fox University
Linfield College
Oregon State University
Eastern Illinois University
University of Indianapolis

Accepted Schools

Oregon State University
Linfield College
Whitworth University
Springfield College
Georgia College and State University
Emporia State University
University of Nebraska – Omaha
Dakota Wesleyan University
McKendree University
Methodist University (NC)
University of Charleston
Slippery Rock University
Montclair State University
Mercyhurst College
University of Southern Maine
University of Indianapolis
Keene State College
Sacred Heart University
Eastern Illinois University
Otterbein University
George Fox University
Bethel College