

Column: NATA Think Tank Educator Forum Highlights

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The following is a brief review of selected topics discussed on the NATA Think Tank Educator Forum. Only NATA members can access the archived messages and discussions. To view this forum, go to: <http://forum.nata.org/thinktanks> (login required).

BOC Exam Questions (November 18, 2009 – 3 postings)

Some athletic training students and others may be interested in knowing more about the Board of Certification (BOC) exam computer format. The BOC website (<http://www.bocac.org>) has lots of information under the Candidates and Resources links on the left column. The BOC Candidate Handbook (2007) has also been updated.

One of the reasons the BOC exam was changed to a computer-based format was to be more similar to licensure exams in other allied healthcare professions. The old BOC exam format and sites were very costly and time consuming to administer, organize, and score.

In most athletic training programs, students are still tested in the old format of written exams and oral-practical exams, making it a little challenging for some to be prepared for and take the computerized BOC exam. The BOC provides some excellent examples for students and instructors to see and practice.

Body Piercing for Cultural Reasons (November 15, 2009 – 5 postings)

Some programs may have policies preventing or limiting AT students from facial piercing because of OSHA blood-borne pathogen standards and professionalism. However, Dr. Herzog shared a newspaper story about an Indian high school student who was suspended for having a nose ring, which was in honor of her culture.

Educators must learn about and respect other cultural traditions. Students also have to be taught the risks and dangers of wearing such piercings, even if they continue to wear them for cultural reasons. When appropriate, males and females can wear ear or facial piercings

in moderation. Some patients or co-workers may dislike some visible forms of expressions. There may be some clinical sites that have strict requirements as compared to the AT program, so bring extra bandaids to cover the piercing.

Big East Conference Position Statement on Entry-Level Degree Requirement (September 16, 2009 – 15 postings)

This summary was in response to a position statement written by the Big East Conference Sports Medicine Society that was printed in the *NATA News* (July 2009, pp.9-10). The position statement argued against moving toward a masters entry-level degree requirement for our profession. Some of their reasons for keeping the bachelor's degree level include: 1) ATs lacking practical experience after graduation and can not adapt to full-time schedules, 2) ATs can later get graduate assistantships for a real life "residency" experience to refine skills, 3) ATs will have 4-6 years of knowledge without practice, 4) other healthcare fields (i.e., PT) have built-in hands-on experiences to prepare for real jobs, 5) fewer young people will bypass AT degrees for better healthcare professions, 6) requiring a master's degree would eliminate several present graduate AT positions, and 6) graduate assistantships at high schools will be eliminated.

If the ATs is not getting enough hands on and practical experiences, then perhaps this is the result of the individual student who didn't make the effort or they are supervised by a poor ACI/CI. The program is required to meet CAATE, NATA, BOC and state licensure requirements or standards so that all graduate are prepared for the national/state exams, graduate school, and jobs.

Students typically put in 20 hours per week for a 15 week semester, which is 300 hours per semester or 1200-1800 hours for 4 to 6 semester professional phase for each ATEP respectively. This is plenty of hours and experiences. By adding the students' full-time student academic courses, study time, and other responsibilities per week, this appears to be a full-time schedule and more for some students. Those students who make the most of their 20-25 hours per week will be more prepared, both in the classroom and in the profession than those are not engaged.

Moving to a master's level would be beneficial economically for a curriculum program since students would be required to pay and attend another 1-2 years of graduate education. The issue about not having GAs at the university and high schools could force them to hire full-time

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ATCs, which could also be costly. On the other hand, this would help increase the employment rate at these settings.

AT needs to be careful when comparing itself to other healthcare professions at the master's degree level (i.e., PT, OT, PA). Our efforts should still be on educating and promoting our profession and not comparing ourselves to others. We have been a profession for long time and there have been many positive and negative changes. Regardless of whether or not the entry-level degree requirement changes, ATEPs still have the responsibility to producing quality graduates.