

Research article

Perspectives of Athletic Training Faculty on the Transition from a Bachelor's to Master's Degree

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Abstract

The Strategic Alliance mandated a transition in Athletic Training education (ATE) from a Bachelor's degree (BAT) to a Master's degree (MAT) beginning in 2022. The discipline of Athletic Training (AT) is undergoing a tremendous amount of change in preparation for this new educational plan. AT core faculty, adjuncts, and preceptors are critical to a program's success; therefore, the move to a Master's entry-level program enhances the question of their professionalization, socialization, characteristics, and expectations to facilitate ATE as quality personnel in higher

education. This unknown aspect related to the change creates a significant gap in ATE at the Master's level. This study utilized an exploratory qualitative case study design with a maximum variation sample of 16 participants including core faculty, adjuncts, and preceptors instructing in a CAATE- accredited Athletic Training program in the regional area of Alabama and Georgia. Each participant was interviewed using a semi-structured format to investigate the perceptions of faculty members regarding the transition. This information contributed to an increased understanding of the perceived impact of the administrative and functional changes on instructors tasked with implementing this transition into their programs. Thematic analysis resulted in an overarching theme of a *Heightened Respect of the Profession* during this time of change. The instructors demonstrated an attitude of *holding their heads up* and *persisting through the change* as it was seen as a means to improve the profession overall. The analysis of the research questions portrayed instructor perspective relating to individual teaching, program components, and stakeholder outcomes relative to ATE. The implications in this study emphasize the important of ATE and continual research as AT transitions from an entry-level BAT to entry-level MAT. **Copyright ©WJER, all rights reserved.**

Keywords: Athletic training education, master's degree, Athletic training program, faculty, transition.

Introduction

A recent mandate by the Strategic Alliance of the National Athletic Trainers' Society (NATA) is changing the professional education of ATS from an entry-level bachelor's degree to an entry-level master's degree (Cavallario & Van Lunen, 2015). The Strategic Alliance consists of the NATA, CAATE, Board of Certification (BOC), and the NATA Foundation, under the lead of NATA and the CAATE. These groups are working together to examine the educational pathways available in AT. This committee was recently challenged with the opportunity to change the path of AT in higher education (National Athletic Trainers Association, 2018a; 2018b). The results of this transformation will affect all AT stakeholders.

As of 2017, there were over 47,000 certified members of the NATA, which is the governing body for athletic trainers (National Athletic Trainers Association, 2017). The employment of ATs continues to expand in healthcare fields in numerous areas, such as college and universities, secondary schools, and rehabilitation settings. CAATE-accredited educational programs are the only route to become a certified AT in a professional setting. The expansion in the number of athletic trainers is directly related to the production of ATS currently engaged in educational programs. The current three-step educational process by which students become ATs involves applying for and getting accepted to a CAATE-approved program, successful graduation from the program, and sitting for and passing the National Athletic Trainers Association Board of Certification (NATA BOC) exam (National Athletic Trainers Association, 2017). This educational plan includes didactic and clinical component content areas, such as evidence-based practice, therapeutic interventions, prevention and treatment of injuries through a holistic management process, and various healthcare administration and responsibilities.

Current student participation in ATE programs in CAATE-approved curricula shows 13,271 ATS and 373 programs at the professional level. The professional level consists of 297 undergraduate Baccalaureate/bachelor's BAT programs and 76 Graduate/ master's MAT programs (Cavallario, 2017). The number of ATS and ATE institutions continues to rise nationally on a regular basis. For purposes of this article, the term ATE institutions will be used instead of and interchangeably with Athletic training programs (ATPs) to convey the aspects involved in the education of ATS in CAATE-approved programs.

Core faculty are employees of an institution with full faculty status, rights, responsibilities, privileges, and college voting rights as defined by the institution, and who have primary responsibility to the program (Bowman, Mazerolle, & Barrett, 2017). These faculty members are appointed to teach AT courses, and to advise and mentor students in ATE. Core faculty report to, are evaluated by, and are responsible to a specific administrator (chair or dean) at their institution. These instructors work in consultation with the program director of the academic unit in which the program is housed.

Adjunct faculty consist of persons under contract to teach course instruction for the institution; however, the primary employment of these individuals is outside the institution (Bowman et al., 2017). A preceptor is defined as a certified AT responsible for the supervision and evaluation of ATS during the clinical education process in ATE (Cavallario, 2017). Preceptors supervise and engage students in clinical education. All preceptors must be licensed healthcare professionals and be credentialed by the state in which they practice. Preceptors for the AT clinical experiences identified in Professional Standards (PS) 14 through 18 must be ATs or physicians (Bowman et al., 2017).

Research concerning instructors in ATE must explore the academic transition of certified AT core and associated faculty, preceptors and adjunct teachers in higher education. An emphasis on the perspectives of AT faculty members is needed during this transition to enhance ATE. The core and associated faculty members, preceptors, and adjunct teachers are charged with educating ATS and guiding them through the didactic and clinical aspects of professionalization to become an AT. The educational background and professional socialization of all instructors in ATE is a concern for ATE, particularly during this time of educational change. Educators and students must be prepared for the upcoming changes, such as new competencies, skills, and unfamiliar teaching requirements, related to the new PS of ATE. In addition, instructors must employ proper socialization of the profession of AT to instruct in ATE and must be prepared for entry into higher education to provide an optimal educational experience for their students; therefore, it is necessary to seek faculty perspectives as AT transitions from the BAT to the MAT level with the continuing goal to produce certified ATs (Breitbach, Elitot, Cuppett, Wilson, & Chushak, 2018).

There is limited research on the perspectives of stakeholders, particularly instructors, of those in the AT profession in higher education in preparation for the change from a professional entry-level BAT to a professional entry-level MAT (Breitbach et al., 2018; Mazerolle, Bowman, & Kilbourne, 2018). The MAT program has created perceived negatives and positives for the AT profession. Initial areas of concern include professional retention, economic effects on students, a decrease in autonomous practice, a lack of evidence to support this move, and loss of existing ATPs (Breitbach et al., 2018; Mazerolle et al., 2018). The purpose of this qualitative exploratory case study was to explore the perspectives of faculty involved in the transition from BAT to MAT programs. Administrative core faculty, such as PDs and CECs, novice and experienced core faculty, and adjuncts and preceptors who serve as instructors in a regional area will provide current information related to instructor perspectives in higher education in the discipline of AT. This information is paramount to the advancement of education in AT in lieu of the recent Strategic Alliance decision to change the educational process in AT from a BAT to MAT program. This time of transition demands further understanding from AT instructors' who are teaching ATE institutions (Breitbach et al., 2018; Mazerolle et al., 2018). The study aimed to examine AT faculty perspectives for higher education within CAATE programs as ATE transitions from a BAT to MAT.

This qualitative exploratory case study addressed the following Research questions (RQs) from an instructional point of view in CAATE programs as the AT transitions from entry-level education at the bachelor's BAT to master's MAT level:

RQ 1: How do current Athletic training faculty members experience the changes as ATE transitions from BAT to MAT?

RQ 2: How do current Athletic training faculty perceive that the transition from a BAT to MAT degree level will impact current educational programs?

RQ 3: How do current Athletic training faculty perceive outcomes for various stakeholders in ATE during the transition from a BAT to MAT?

Materials and Method

Research Design

This study employed a qualitative exploratory case study. The phenomenon explored in this study was the change from BAT to MAT that was invoked by the Strategic Alliance. The study built a portrait of this change based upon the perspectives of preceptors and faculty members who were either teaching, designing, or implementing the change from BAT to MAT in ATE at their respective institutions.

Population and Sample

The population of AT regional instructors within the states of Alabama and Georgia included four CAATE-approved ATE institutions (see Table 1). Each ATE employed an estimated three to eight AT core faculty instructors and seven to 30 associated instructors (adjuncts and preceptors). The target population for this study was an estimated 100 instructors. Each institution in the target population included in the study was comprised of AT instructors at the BAT and MAT levels with varying experience, positions, and responsibilities within his or her institution in the ATE. A demographic analysis was also used to obtain and display pertinent information related to the goals of this study. In Table 1, the PDs were contacted to obtain permission to set up instructor interviews. The number of core and associated faculty are estimated numbers.

Qualitative research employs a sampling technique known as purposeful sampling (Merriam, 2009), which solicits participants who have an intimate knowledge of the topic being researched (Merriam & Tisdale, 2016). This study petitioned 16 representative participants by means of a purposeful sampling technique known as maximum

variation sampling (Merriam & Tisdale, 2016). For qualitative case studies, eight to twelve participants are recommended (Merriam, 2009). Maximum variation sampling seeks to locate participants who reflect the demographic make-up of the target population (Merriam & Tisdale, 2016). This case study utilized the following sampling criteria in order to assemble a group of participants who resembled the make-up of the target population: gender, ethnicity, institution, and experience.

In addition to these demographic criteria, the study invoked the following environmental characteristics. In order to be selected to participate in this study, individuals had to: 1) be core faculty members, preceptors or adjunct instructors at a CAATE-accredited institution; 2) have taught at the bachelor's or master's level; 3) be qualified to teach as core faculty members, preceptors or adjunct instructors at a CAATE-accredited institution at the master's level. Exclusion criteria barred core faculty members, preceptors or adjunct instructors at a CAATE-accredited institution who: 1) did not currently teach at one of the selected CAATE-accredited institutions; 2) had not taught at the bachelor's or master's level in AT education; and 3) who were not qualified to teach at the master's level in AT education.

Table 1: Target Population

Institution	Type of Program	Estimated Number of Core Faculty	Estimated Number of Associated Faculty	Total
I	BAT	8	25	33
II	BAT	3	20	23
III	MAT	3	7	10
IV	BAT	4	30	34
COMBINED TOTAL				100

Data Collection

A semi-structured interview protocol was used in order to collect the type of data necessary to answer the research questions posed. The interview protocol listed each research question with four associated interview questions. Interview questions were derived from previous research so the collected data would purposefully attempt to answer all research questions posed. The socialization theory in AT, combined with researcher knowledge in the discipline of AT, were used to develop pertinent questions that guided the interview. The interview questions for this study were pilot tested via peer review (Creswell & Creswell, 2018). A credentialed panel of experts in the AT field read over the interview questions to check for validity and content clarity.

Approval from the University of St. Augustine Health Sciences (USAHS) IRB occurred before any interviews took place. Before submission of the proposal to the USAHS IRB, PDs were sent a letter asking for their approval of the interview process. Upon USAHS IRB approval, the program directors of the ATE institutions involved in this study were sent another email requesting permission to interview instructors from each institution. A second email was sent one week after the initial email to any PDs who did not respond to the initial email in a timely manner, one week after the initial email.

After PDs granted permission for their instructors to participate in the study by providing requested contact information, all potential participants were then sent an email requesting their participation. Those who elected to be part of the study were sent an Informed Consent form to review before the interview. Then, follow-up emails were sent to each instructor designated to participate by the program directors in this study at one and three weeks, until the desired number of participants were all scheduled for interviews. Then each interview was scheduled on an agreed upon day and time. During the interview, time was spent discussing this form and allowing for any questions. Once the form was signed and dated, it was co-signed and filed in a locked cabinet.

Results and Discussion

Data Analysis

The following data analysis procedures were conducted in this study:

Step 1: A total of 16 semi-structured interviews were completed with the participants. At the beginning of each interview, the participant was read and asked to sign an informed consent form that was approved by USAHS IRB committee. The pseudonym names for the participants were: Brian, Tom, Angie, Claire, Lydia, Monica, Eric, Beth, Elly, Jenny, Felipe, Paul, Kelly, Hudson, Scher, and Dawn. The pseudonyms for the institutions were designated as

Institution I, II, III, or IV. There were 12 Interview questions (IQs) used to guide the interview. Interview questions one through four addressed Research Question One. Interview questions five through eight addressed Research Question Two, and interview questions nine through 12 addressed Research Question Three. A guided format throughout each interview was used to address participant experiences and perspectives. Each interview was recorded in voice memo on an iPhone.

Step 2: Each interview was transcribed. After completion of the interview, the audio content was uploaded to the Temi – Record and Transcription App. Temi automatically transcribes recordings by synching the audio data to review the transcription. The transcription was then downloaded onto Google Drive and further evaluated to ensure accuracy of the content. Each document in Google Drive was transferred to a MS Word document and formatted with double spacing to facilitate reading. A 3-inch margin on the right side of the page was left to facilitate coding of the transcript. Before the coding process began, each interview was reviewed to ensure its accuracy, using both the MicroSoft (MS) Word document and the original audio recording. The transcripts were designated by the pseudonym of the participant (e.g., Brian, Elly, Paul, etc.). This system aided in identity protection but, more importantly, contributed to the location of coded material at the analysis stage of the research process. Each interview transcript was sent to the participant for verification. In addition, the Dedoose web application was used to support the findings in the hand-coded procedure. Dedoose is a commercially available web-based qualitative and mixed methods software suite.

Step 3: The coding process involved reading each interview in its entirety without making any notes. This provides a feel for the data and view the data from a holistic perspective (Corbin & Strauss, 2015).

Step 4: The first transcript material corresponding to Research Question One was read a second time to begin holistic coding of data analysis (Corbin & Strauss, 2015). Holistic codes use one to three words (occasionally up to five words) to create a macro level coding (Merriam, 2009). The purpose of holistic coding is to capture the essence of the participant's meaning to develop a general idea of how the participants addressed the research questions. After reading each interaction with each participant, the holistic codes for each interview question were recorded by hand using an orange highlighter. The same step was performed for each interview in MS Word using an orange font to designate holistic codes. Next, additional explanatory notes were added by hand in the right margin of the transcript and in MS Word using the review/add comment feature. The data was coded first by hand, second by using MS Word features, and finally by supplementing the material online by using the online program, Dedoose. These multiple methods of coding and data enrichment enabled for a better feel for the data and to view it from a holistic perspective. Reflective journaling (reflexivity) techniques were used to improve organization and understanding of the data analysis process (Merriam, 2009). This process was repeated for the corresponding section of each interview for participants two through 16 that addressed Research Question One.

Step 5: Holistic coding was performed. This process was repeated for the corresponding section of each interview for participants two through 16 that addressed this same research question.

Step 6: The same method was performed by reading the first transcript material corresponding to Research Question Three and performing holistic coding. This process was repeated for the corresponding section of each interview for participants two through 16 that addressed the research question.

Step 7: The second stage of data analysis incorporated in vivo coding using the same process as holistic coding in steps 4, 5, and 6 above. In vivo coding captures the very words of the participants (Corbin & Strauss, 2015). In vivo coding should not be confused with the computer software program NVivo. In vivo codes explain the holistic codes by presenting a graphic depiction of the holistic meaning. In vivo codes are usually used to explain the holistic codes and to further evaluate the perspective of the main themes identified in the findings. The holistic codes function as the skeleton of the report and the in vivo codes function as the flesh which animates those bones (Creswell & Creswell, 2018). Instead of recording specific in vivo codes in the margin of the transcript, a gray highlighter was used to mark in vivo material within the text of the transcript during hand coding procedures. In MS Word, a gray font was used to signify in vivo codes. The in vivo material from the transcript was used in the findings as quotes, stories, vignettes and other explanatory material. In vivo codes enable the reader to have a vicarious experience of what the participants were feeling in the transition from a BAT to a MAT.

Step 8: The third stage of data analysis incorporated a focused style of coding that included versus coding using the same process described for holistic coding in steps 4, 5, and 6. Once data was collected and examined, a decision was made concerning which type of focused coding will be used in the study. Data analysis was supplemented using Dedoose, version 8.0.42. It was used to solidify the hand-coded applications and allowed collaboration with content experts. Dedoose offered excellent data analysis tools that contributed to the rigor of the study. Another future benefit of using these methods relate to the possibility of future research regarding these findings.

Step 9: The fourth stage of data analysis applied was integrative coding (Mazerolle et al., 2018; Merriam, 2009). Integrative coding assembled the holistic, in vivo, and focused codes in a hierarchical fashion using the process in

steps 4, 5, and 6. Integrative coding categorized the codes as main codes and sub codes. Sub codes generate explanatory power and give depth and scope to the main codes through an analytic memo (Mazerolle et al., 2018; Merriam, 2009). The contents of the analytic memo contained the following sections: introduction, holistic codes, in vivo codes, summary of the response, salient quotes, interaction with previous literature, analytic insights, illustrative figures, potential application, potential recommendations, and potential conclusions.

Step 10: The fifth stage of data analysis applied thematic coding to transform the main codes into the themes which answered the research questions. This step used the same process as the other stages in coding. The data analysis was progressive. Each research question was analyzed in the steps above to get a comprehensive outlook on the data. Each participant was then analyzed in turn. An emergent design was chosen, which allowed for variability in both data collection and analysis that brought the data to life. Gradually, materials and insights gained from the analysis contributed to the results of the study. After the coding process of the first four interviews, certain codes began to emerge as important and common themes. A structure for the presentation of findings began to take shape. Also, some negative cases began to appear. The negative cases added scope and depth to the findings, along with credibility, reliability, and validity.

Step 11: A conclusion of data analysis utilized the previous steps to create an analytic memo for each research question using the coding procedures. To maintain a sense of organization, a 38 X 46 Poster Board and a reflective journal were utilized to explain and articulate the data, combined with an analytic memo. The contents of the analytic memo contained the following sections: introduction, holistic codes, in vivo codes, summary of the response, salient quotes, interaction with previous literature, analytic insights, illustrative figures, potential application, potential recommendations, and potential conclusions. An outline was created using holistic and in vivo codes to structure the process of answering each research question.

Results

Multiple themes and subthemes were constructed as a result of this study. The coding process highlighted initial themes, which were developed using the analysis as a thematic schematic to further explain the results. Figure 1 illustrates these themes, which summarize the participants' perspectives of the transition to MAT and the 2020 PS. The initial themes derived from the interview results. These included instructor positive perspectives of excitement, enthusiasm, and welcoming, and negative perspectives of challenges, confusion, and mistrust in relation to both the transition for BAT to MAT, and from CAATE PS for 2012 to 2020 (RQ 1). Instructors perceived the same general positive and negative categories regarding program education (RQ 2). Descriptions of various stakeholders in ATE are described in RQ 3. The overarching theme that resulted from this research was *Heightened Respect* for the AT Profession, with a subtitle, *Hold Our Heads Even Higher*. Collectively, participants envisioned greater respect for the profession of AT as the primary impact of the mandated change from BAT to MAT while incorporating 2020 Standards. The comments demonstrated that AT stakeholders are proud of their profession and work hard to provide the best medical care within their scope of practice. The comments also demonstrated that the AT profession is not broadly recognized as a full-fledged health care profession, which some participants believed may change with the move towards a higher-level degree similar to other healthcare professionals. In a united fashion, the participants explained that they planned on holding their heads even higher after the transition is complete because perceptions of the AT profession will change for the better.

The overarching theme of *Heightened Respect* was scaffolded using three categories of increasing focus deriving from the initial themes and analysis from RQ 1, 2, and 3. *Interdependence of Parts* was employed around all the categories of Faculty and Program Impacts and Stakeholders and its sub-themes (Figure 1). The impact of the *Interdependence of Parts* was central to the results of this study. Participants perceived the transition as a multi-dimensional domino effect of impacts branching out in several directions, but all interrelated. These impacts affected various stakeholders, PS, themes, and curricular content. Interdependence represents the idea that the ramifications of the switch to the 2020 PS and MAT education are interwoven. They directly or indirectly affect, or are affected by, every other part represented by the three research questions concerning impacts on faculty, RQ 1; impacts on the educational program, RQ 2; and impacts on stakeholders RQ 3.

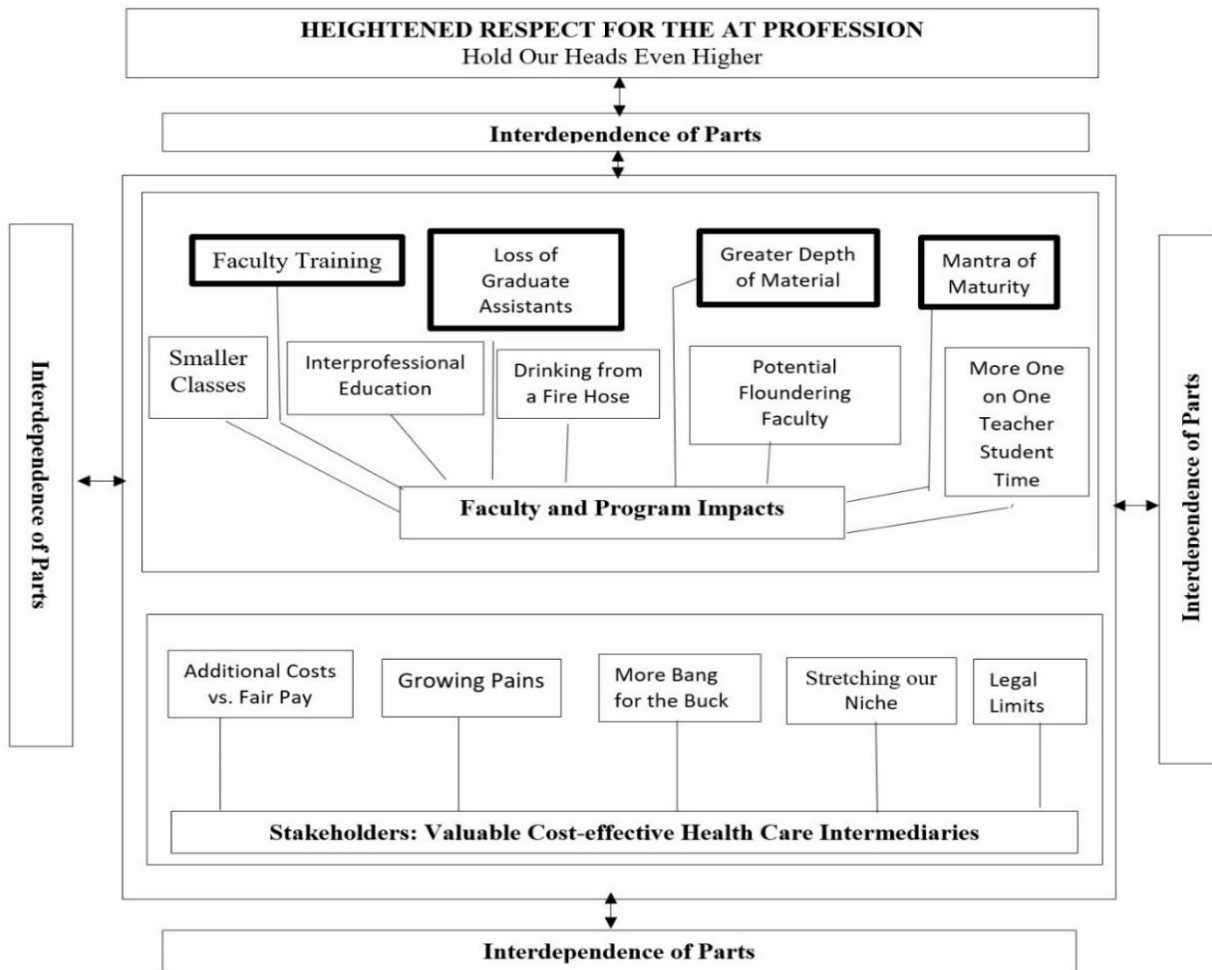


Figure 1: Thematic schematic of transition from BAT to MAT and 2012 to 2020 PS.

Interdependence was perceived by participants in the current study as a cascade of consequences resulting from the single decision to move from a BAT to MAT entry-level degree. The consequences may have an impact in many areas of ATE and for numerous stakeholders involved in ATE. Effort was made in this report to address independent themes individually, shown as themes and subthemes on Figure 1, but the Interdependence of the Parts (themes) dominated the analysis. The evidence for Interdependence in this chapter emerges from quotes that refer to at least two of the parts illustrated in Figure 1. Participants found solid relationships between various parts of the transitional period. For example, one of the MAT impacts on faculty (RQ 1) was described as the opportunity to teach material in greater depth; this will have a reciprocal impact on the educational program (RQ 2) by increasing the content. Increased content affects subsequent expectations of student performance. If successful, students will be better ATs. As result, greater skills then would manifest to stakeholders, such as physicians and injured players at sports events. The second categorized theme was Faculty and Program Impacts (Figure 1). These too were interdependent because they are complementary. Most professional actions by a college professor impact the education program he or she disseminates, and reciprocally, changes in the educational program impact faculty. The Faculty and Program Impacts theme was constructed using nine subthemes:

Table 2: Faculty and Program Impacts

Subthemes
<ul style="list-style-type: none">• Training with respect to 2020 Professional Standards (Contemporary Expertise)• Interprofessional Education (IPE)• Potential Floundering of Faculty without Higher Degrees• The Mantra of Maturity• Greater Depth of Material, which included Immersive Clinical Practice, Real-Work Experiences and Simulations, Not Enough Depth: What is Missing from the 2020 Professional Standards• Drinking from a Fire Hose – Too Much to do and Not Enough Time• Loss of Graduate Assistant Positions• Smaller Classes: Fewer Students• More 1-to-1 Teacher-Student Time.

The schematic is provided in Figure 1. Of the nine Faculty and Program Impact subthemes, the four most frequently cited were the need for faculty training, anticipation of greater student maturity, ability to teach greater depth of material, and the regrettable loss of graduate assistant positions.

The third categorized theme concerned Stakeholders: Valuable Cost-effective Health Care Intermediaries (Figure 1). Stakeholders consisted of administrators, faculty, students, and other persons who are affected by the transition. Stakeholders represent the broader manifestations of the transition, so their theme of Valuable Cost-effective Health Care Intermediaries is illustrated in Figure 1 as influential to the *Heightened Respect* and *Interdependence of Parts* but surrounding the third category (Faculty and Program Impacts – described below).

Compared to *Heightened Respect* and *Interdependence of Parts*, the prevailing stakeholder perspective was that the AT profession would be increasingly acknowledged for graduating economically viable health care providers for athletes and patients. AT professionals could serve persons whose choices for medical care may previously have been provided via costly physician or hospital care, or they could represent patients who decided not to seek care at all. This is crucial because AT's serve the medical needs of *all* athletes and patients, including high school athletes or recreational adults in rural communities for whom a hospital visit represents a substantial financial strain. Stakeholder perspectives are presented as the results for RQ 3. There were five subthemes to Valuable Cost-effective Health Care Intermediaries: Additional Costs Versus Fair Pay, Growing Pains, More Bang for the Buck, Stretching our Niche, and the Legal Limits of the 2020 PS.

Discussion and Conclusion

The results of this study provided instructor perspectives on the challenges and benefits of the substantial changes in classroom instruction, educational components, and professional outcomes occurring as ATE transitions from an entry-level BAT to a MAT degree. Data analysis, guided by a socialization framework, generated themes and subthemes of ATE and the profession of AT. Socialization in ATE occurs through an understanding of professional roles, responsibilities, and behaviors in AT (Bowman et al., 2017).

There are three main types of socialization in AT education: anticipatory, professional, and organizational (Bowman et al., 2017; Mazerolle et al., 2018). Anticipatory socialization is primarily employed in ATE to introduce future career procedures before students enter the profession (Bowman, Hertel, Mazerolle, Dodge, & Wathington, 2016). Professional socialization uses training experiences in higher education, such as research and teaching, to develop role understanding. This approach emphasizes the values, norms, and expected behaviors in a profession (Mazerolle et al.,

2018). Organizational socialization occurs via experiences once an AT is employed in a professional position (Mazerolle et al., 2018). The concept of socialization was instrumental in ATE as reiterated in this study. Socialization in ATE equips ATS with immeasurable learning opportunities, ideas, and applicable experiences that contribute to their professional success in AT.

Research in AT

A research agenda is paramount to continued success for ATE, as research provides a scientific basis for practicing AT. This basis includes guidance and facilitation for identifying the type of research needed in various areas. An exploratory approach to this particular area of ATE was chosen to aid in closing the research gap in AT.

AT Education

To conduct a rigorous study of AT instructors, the evolution of ATE must be clearly understood. The clinical applications and curriculum design in ATPs continually change in academia and clinical applications (Breitbach et al., 2015). Therefore, it is beneficial to review the modern history of both ATE and the master's degree in AT (Peer, 2017). A summary of the educational history of ATs will review its recent inception and important milestones over the last 70 years. The modern NATA began in the 1950s and continues to evolve today as AT's governing body (National Athletic Trainers Association, 2018a; 2018b). The first educational Athletic training program was designed in 1959, and the first undergraduate curriculum was approved in 1969 (Delforge & Behnke, 1999). The first AT certification exam was administered by the NATA in 1970, and the first graduate curriculum was approved in 1972 (Delforge & Behnke, 1999). The 1980s saw the introduction of Athletic training majors in education, and the profession of AT was recognized as an allied health profession in 1990 (Delforge & Behnke, 1999). The first entry-level accredited AT internship program was approved in 1994 by the American Medical Association (AMA) Committee on Allied Health Education and Accreditation (CAHEA) (Delforge & Behnke, 1999). In 2004, AT internship programs were eliminated in favor of curriculum programs.

Unlike the field of ATE, the history of the graduate degree in education dates back many centuries. A general graduate degree in education was introduced in the 12th century in Paris and the first graduate degree in the U.S. was first earned at the University of Michigan in 1859. ATE did not occur until much later. The AT undergraduate degree was not developed until the 17th century and AT was introduced in the United States at Harvard University as an unearned degree. The popularity of the graduate degree was solidified in the 1900s by creation of the Ph.D (Boyer, Braxton, Ream, & Moser, 2016). ATE is currently transitioning to an entry-level graduate degree to reflect the expertise gained by obtaining a master's degree due to professional socialization.⁴ The histories of both AT and graduate degrees are relevant to employ in this research study concerning ATE.

CAATE 2020 Professional Standards

Beginning in 2022, ATS must graduate from a CAATE entry-level master's MAT program (Bowman et al., 2016; Bowman et al., 2017). This transition from an entry-level bachelor's BAT program also includes a new set of PS for ATE. The current 2012 PS will be replaced by the 2020 PS that are driven by graduate entry-level education. Currently, over 70% of athletic trainers hold a master's degree (National Athletic Trainers Association, 2018a). The paradigm shift in AT education introduces important changes regarding both student professional pathways and instructor responsibilities at the MAT level.

The AT profession experienced an abundant growth in didactic and clinical education after moving from the internship route to the curriculum model (Delforge & Behnke, 1999). Faculty members' educational responsibilities have also been elevated over time to meet ATP demands, in addition to athletic duties within an organization (Bowman et al., 2017). ATE instructors have difficulty maintaining excellent teaching for ATS while providing care to student athletes (Dewald & Walsh, 2009). The most recent change demands that AT professional education be offered as a master's degree entry-level program rather than as an entry-level bachelor's program. This change is foreseen as a potentially difficult transformation in ATE that includes changes in PS that guide an ATP (Cavallario, 2017).

The 2020 PS are based on Boyer's Model of Scholarship, which consists of a tripartite scholarship of research, teaching, and service (Boyer et al., 2016). While this avenue was reflected in the PS at the BAT level, the MAT level further emphasizes the tripartite of scholarship in ATE. This is a substantial aspect of ATE. The advancement of the 2020 PS places a strong pressure on current ATE instructors to be in compliance with each of these demands. This research study will specifically explore perceptions of core faculty, preceptors, and policy makers in regard to the current state of ATE through the 2020 PS lens.

Core faculty are defined by the CAATE as faculty with full faculty status, rights, responsibilities, privileges, and college voting rights, as defined by the institution. These faculty members have primary responsibility to the program (Cavallario, 2017). They are appointed to teach AT courses, and to advise and mentor students in the Athletic training program. Core faculty are full-time faculty that report to, are evaluated by, and are assigned responsibilities

by the administrator (chair or dean), in consultation with the program director of the academic unit in which the program is housed (Cavallario, 2017). Preceptors are defined as certified athletic trainers responsible for the supervision and evaluation of ATS during the clinical education component of an ATE (Cavallario, 2017). Policy makers consist of administrative positions that create and enforce all aspects of an ATP. For the purposes of this research study, both PDs and CECs will be referred to as core faculty, known in ATE as integral components of policy makers for programs.

The participants in ATE must follow the CAATE 2020 PS (Cavallario, 2017). These standards are written to guide the development of a MAT professional ATP. This research study focused specifically on those standards that relate to instruction in an ATP at the professional level. Each of these areas were examined to create a strong research study that explores the instructor perspective in MAT ATPs. A large part of the new PS will introduce emerging skills that many current AT instructors were not taught in school (Cavallario, 2017). These emerging skills will challenge AT instructors and the development of MAT curricula for the overall program.

Changes in AT Education

The stakeholders in AT education are set by each individual institution. Examples of those who will be involved include the faculty, preceptors, policy makers, students, alumni and associated community. This study utilized a framework of socialization to explore the specific stakeholders of core faculty, preceptors, and policy makers in the transition from a BAT to MAT. A conclusion in each of the following sub-sections will examine the 2012 and 2020 PS as they relate to these stakeholders.

Core Faculty

The recruitment and development of ATS are positively or negatively impacted by the contributions of core faculty. A MAT program emphasizes the value of both didactic and clinical education. According to the 2020 PS in AT, the core faculty in CAATE-accredited higher education institutions are charged with the development, implementation, and assessment of the framework designed to carry out the mission statements of the ATP (Cavallario, 2017). A core faculty member is described as an individual who has full faculty status, rights, responsibilities, privileges, and complete college voting rights, as defined by institution policies that are consistent with similar positions at the institution necessary to provide appropriate program representation in institutional decisions (National Trainers Association, 2018a). These faculty members consist of novice and experienced faculty. The research findings were mixed about the value of novice-faculty as they strive to prepare ATS for future roles in the profession (Bowman et al., 2016; Bowman et al., 2017).

It is necessary to understand the socialization, scholarship, mentoring, and standards to which faculty are exposed in MAT-level ATPs. Professional socialization occurs through both anticipatory and organization socialization (Templin, Woodford, & Mulling, 1982). The socialization process in AT is critical to the behaviors, teaching methods, and outcomes of the instructors. According to an article by Bowman et al. (2017), the experience of achieving a more advanced degree can be both positive and negative for future AT instructors. Positive experiences include exposure to research and creation of a scholarly agenda, while negative experiences include an incomplete understanding of the professoriate and lack of direct exposure to common duties within the AT educational process. The socialization process is enhanced among faculty members who possess strong communication skills and through opportunities of diverse learning experiences (Bowman et al., 2016). These findings contribute to the value of teaching perspectives as AT transitions into ATE.

A qualitative study to examine 28 participants who were doctoral students at various universities was conducted. The results demonstrated the significance of understanding role occupation in various aspects of the professoriate for doctoral-trained AT students successfully socialized to become AT faculty (Bowman et al., 2016). Another study examining the value of socialization for faculty at the MAT level highlighted the benefits of clinical experiences, inter-professional education, and strategic education at the graduate level (Mazerolle et al., 2018). Teaching with an increased personal commitment to students with advanced maturity levels demands specific aspects of teaching in higher education at the MAT level (Mazerolle et al., 2018). Therefore, faculty socialization, scholarship, and experiences in preparation for teaching in higher education are paramount to achieve the 2020 PS (Cavallario & Van Lunen, 2015).

The results of this study provided instructor perspectives on the challenges and benefits of the substantial changes in classroom instruction, educational components, and professional outcomes occurring as ATE transitions from an entry-level BAT to a MAT degree. Data analysis, guided by a socialization framework, generated themes and subthemes of ATE and the profession of AT. Socialization in ATE occurs through an understanding of professional roles, responsibilities, and behaviors in AT (Bowman et al., 2016).

There are three main types of socialization in AT education: anticipatory, professional, and organizational (Bowman et al., 2016). Anticipatory socialization is primarily employed in ATE to introduce future career procedures

before students enter the profession (Bowman et al., 2016). Professional socialization uses training experiences in higher education, such as research and teaching, to develop role understanding. This approach emphasizes the values, norms, and expected behaviors in the AT profession (Mazerolle et al., 2018). Organizational socialization occurs via experiences once an AT is employed in a professional position (Bowman et al., 2016). The concept of socialization was instrumental in ATE as reiterated in this study. Socialization in ATE equips ATS with immeasurable learning opportunities, ideas, and applicable experiences that contribute to their professional success in AT.

The interpretation of findings revisits themes and subthemes of perceived barriers and benefits of the ATE transition. These themes and subthemes are represented in Figure 1. Evidence was first presented for the overarching theme, *Heightened Respect for the AT Profession – Hold Our Heads Even Higher*. This was followed by evidence for the themes and subthemes for Faculty (RQ 1) and Program (RQ 2) Impacts. Nine subthemes chronicled Faculty and Program impacts from an instructor perspective in ATE. A Distinctive Case concludes the overarching theme of *Heightened Respect for the AT Profession – Hold Our Heads Even Higher*, because it provided personal experiences of an administrator in a MAT program. The distinctive case section provided valuable perspectives of one administrator who is currently teaching in the MAT program while the other participants in this study were instructors in a BAT program that is in the process of transitioning to a MAT program. Furthermore, the observations found in the distinctive case contribute to the applied experience in ATE from a MAT institution. This is followed by evidence for the themes and subthemes of Valuable Cost-effective Health Care Intermediaries (RQ 3). Five (5) subthemes were identified to illustrate the instructor belief of ATs as integral healthcare providers in numerous situations. Finally, the schematic (Figure 1) displays a hierarchal characterization for all themes in relation to the *Interdependence of Parts* as instructors described the evolution in ATE.

The evaluation of the findings section explored the value of ATE and the challenges related to enhancing the educational preparation in higher education. The comments demonstrated that AT stakeholders are proud of their profession and work hard to provide the best medical care within their scope of practice. The comments also demonstrated that the AT profession was not broadly recognized as a full-fledged health care profession, which some participants believed may change with the move towards a higher-level degree similar to other healthcare professionals. In a united fashion, the participants explained that they planned on holding their heads even higher after the transition is complete because perceptions of the AT profession will change for the better. The underlying theme suggested a strong engagement in ATE that instructors believe will continue to expand.

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