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Athletic Trainers' Perceptions of the BOC's Testing Over Practical Knowledge and Application in Daily Practice

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OBJECTIVE

The purpose of this study was to investigate certified athletic trainers' perceptions regarding the BOC's testing of practical application and knowledge.

DESIGN AND STUDY

The study was a quantitative research study conducted via a SurveyMonkey link that was distributed through email to a list of current OATA members, which was reported by the current Southwestern District representative. Those that received the email were given two weeks' notice to complete the survey with adequate time remaining. A total of three reminders were sent out, the first with one week remaining, the next with 5 days remaining, and the last with 3 days remaining. The independent variables in this study included practicing athletic trainers in all settings that maintained their certification and spanned all genders. This study encompassed certified athletic trainers with varying experience levels – novice, amateur, and veteran. Novice was defined as 4 or less years of experience, amateur was considered 5-9 years of experience, and veteran was defined as 10 or more years of experience. The dependent variable was their perception of the BOC's testing viability regarding practical application and knowledge.

PARTICIPANTS

Certified athletic trainers (N=450) were surveyed with a response rate of 21% (n=95). The participants were composed of 61% female (n=58) and 39% male (n=37). Novice athletic trainers made up 32% (n=30) of the responses, amateur made up 20% (n=19), and veteran made up 48% (n=46) of the responses.

INTERVENTION

Questions 1-15 all involved questions involving all 5 of the domains, which are: injury and illness prevention and wellness promotion; examination, assessment, and diagnosis; immediate and emergency care; therapeutic intervention; health care administration and professional responsibility. Questions 1-5 investigated if each of the domains were necessary for the BOC. Questions 6-10 questioned if material from each of the domains were used in daily practice. Questions 11-15 inquired if each of the domains were necessary for daily practice. Questions 16-17 were demographics. The face validity of this survey was established through a panel of experts. The content validity was established through the Table of Specifications. The College's Institutional Review Board (IRB) approved this study. Quantitative descriptive statistics (frequency counts and percentages) along with inferential statistics were calculated for every applicable item on the survey. Kruskal-Wallis tests were used to analyze statistical significance for perceptions regarding the BOC's testing of practical application and knowledge. The alpha level was set at $p=0.05$ *a priori*. The data was analyzed using Statistical Package for the Social Sciences (SPSS) version 24.0.

MAIN OUTCOME MEASUREMENT

The survey was comprised of 17 questions. Questions 1-15 employed a Likert Scale (Strongly Agree⁵, Agree⁴, Neutral³, Disagree², Strongly Disagree¹). Question 16 used a 3-point Likert Scale (Male³, Female², Other¹). Question 17 used a 3-point Likert Scale (0-4³ years, 5-9² years, 10 or more years¹).

RESULTS

99% (n=94) of athletic trainers surveyed agreed the Examination, Assessment, and Diagnosis domain is *necessary for daily practice*, of which was 60% females (n=57). This made it statistically significant (H=5.862, df=1, p=0.015) as there was a greater separation amongst male athletic trainers that answered the question. 98% (n=93) of athletic trainers surveyed agreed the material in the Immediate and Emergency Care domain is *necessary for daily practice*, of which was 56% females (n=54). This was close to being statistically significant (H=3.662, df=1, p=0.56) but slightly less than the previous question was separated by participants' gender. 99% (n=94) of athletic trainers surveyed agreed that the Examination, Assessment, and Diagnosis domain is *necessary for the BOC*. 98% (n=93) of athletic trainers surveyed felt the Injury and Illness Prevention and Wellness Promotion and Immediate and Emergency Care domains were *necessary for the BOC*. It was found that 98% (n=93) of athletic trainers surveyed agreed that the Examination, Assessment, and Diagnosis and 96% (n=91) agreed that the Injury and Illness Prevention and Wellness Promotion domains were *used in daily practice* (respectively). 98% (n=93) of

participants felt the Examination, Assessment, and Diagnosis domain was *necessary for daily practice*. Close behind was the Injury and Illness Prevention and Wellness Promotion domain, of which 97% of those surveyed agreed it was *necessary for daily practice*. 95% (n=90) of those asked agreed that the Immediate and Emergency care domain was necessary for daily practice. Interestingly, the results for the Health Care Administration and Professional responsibility domain were very split, with 26% (n=24) disagreeing or not having an opinion and 74% agreeing.

CONCLUSION

Material that falls under the Examination, Assessment, and Diagnosis and Immediate and Emergency Care domains were found to be necessary for daily practice. The findings for the Health Care and Administration domain were controversial. Using this, the BOC and educators can determine which areas of the certification exam must be further emphasized for the most pragmatic skills as an athletic trainer and which areas are less quintessential in daily procedures. Ensuring proficient clinicians are produced is vital, as it is a Standard of Professional Practice and will shed further light on our profession – helping obtain the respect it deserves.

KEY WORDS: *Application, BOC, Daily Practice, Practical Knowledge*