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AN EVALUATION OF PLANNED CHANGE:
ACCREDITED UNDERGRADUATE ATHLETIC TRAINING
EDUCATIONAL PROGRAMS

By

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ABSTRACT

AN EVALUATION OF PLANNED CHANGE: ACCREDITED UNDERGRADUATE ATHLETIC TRAINING EDUCATIONAL PROGRAMS

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The purpose of this study was to evaluate the implementation process of planned change within accredited National Athletic Trainers' Association (NATA) educational programs. The National Athletic Trainers' Association Board of Certification's (NATABOC) newly revised entry-level athletic training educational mandates specified that an athletic training student's route to national certification must be fulfilled at an athletic training educational program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) beginning in the year 2004. The goal of the accreditation was to enhance the national organization's visibility, credibility, qualifications, professionalism, and recognition.

A qualitative approach was employed to study and evaluate the change process. The study allowed the researcher an opportunity to explore the participants' behaviors through the lens of an "insider". Seven Midwest CAAHEP accredited entry-level undergraduate athletic training education programs were evaluated for interpretive review. Semi-structured interviews were conducted involving undergraduate athletic training program directors, head athletic trainers, and approved athletic training clinical instructors. The descriptive study's data were recorded, interpreted, analyzed, coded, and presented as key themes. Data were triangulated according to the emergence of key themes throughout the study. The data were also used to compare

and evaluate the planned change through institutional case studies from NCAA Division I, Division II, Division III, and NAIA Intercollegiate athletic affiliations.

The stakeholders at the institutions reported perceptions of resistance, support, reluctance, and fear to the educational planned change policies. Accredited athletic training programs must incorporate a proper balance of leadership, planning, communication, dialogue, and patience in preparation for long-term successful planned change directives. The indirect changes created by the planned change focused on a need to create ownership and empowerment, academic versus athletic balance, individual coping strategies, and unprepared change agents leading the local change directives. The local institutional stakeholders were unprepared for changes in institutional culture, employment expectations, leadership styles, communication systems, athletic training clinical guidance, local resistance, and professional conflict directed at the CAAHEP change policies.

Change was a personal, reflective, and complex situation for all the stakeholders. Recommendations include: (a) improved local planning, preparation, and guidance of future professional CAAHEP changes; (b) improved awareness of institutional change responses and reactions focusing on cultural barriers, leadership styles, and institutional accountability; (c) development of strategies for improved collaboration and unity between athletic training educational and clinical staffs; (d) creation of an evaluation tool to study the planned change response, resistance, and coping strategies inside the local levels; and, (e) allowance of adequate time for the anticipation and planning of change, implementation, role defining, and conflict resolution between intercollegiate educational and clinical programs.

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CHAPTER 1

INTRODUCTION

The National Athletic Trainers' Association (NATA) originated in 1950 "to build and strengthen the profession of athletic training through the exchange of ideas, knowledge, and methods of athletic training" (Newell, 1984, p. 256). Since its origin, the profession of athletic training has evolved into a diverse health care career specializing in the care, prevention, treatment, and rehabilitation of athletic injuries for physically-active individuals. Currently, the NATA and the nation's community of health-care administrators continue to embark on a major flux of change. A significant number of the professional changes have been influenced recently by health-care legislation, educational reform, accreditation requirements, third party reimbursement policies, stakeholder demands, and fair-practice laws (Denegar, 1997; Mangus, 1998; Peer & Rakich, 2000). The profession of athletic training has continued to branch out its health care services into non-athletic venues. The traditional settings for the athletic training profession remain strong within the secondary school, collegiate institutions, and professional sports environments. The expansion of non-traditional health-care athletic training into out-patient clinical care, hospital-based sports medicine instruction, health club environments, and personal home-based health care assisted coverage continues to increase (Denegar, 1997). In response to these professional changes and influx of employment venues, the NATA implemented higher educational accreditation standards to meet the

demands of these newly attractive employment settings and health-care communities.

This research project was directed at program planning and planned change within a national organization and its 24,000 diverse members. The National Athletic Trainers' Association Board of Certification (NATABOC) mandated that beginning in January 2004, all students eligible for the national certification examination "must possess a bachelor's degree and have successfully completed a CAAHEP (Commission on Accreditation of Allied Health Education Programs) accredited entry-level athletic training program" (National Athletic Trainers' Association, 1997, p. 16).

Historically, the NATA had provided two distinct routes towards the attainment of national certification: curriculum and internship program routes. The curriculum program route emphasized a structured academic learning environment that included a minimum of 800 supervised clinical hour experiences. The internship program stressed an apprenticeship that required a minimum of 1,500 clinical hours in combination with a minimum of seven required academic courses. Both program routes were to be completed within a minimum of two academic years. Beginning in the year 2004, the internship route was effectively eliminated and the NATA offered one standardized accredited route for professional and educational certification. The recent decision of the NATABOC was reported by McMullan (1997) as

a major reform in how we prepare individuals to meet demands of the profession, both entry-level and continuous education. It will further enhance our credibility, help us keep abreast of current techniques, and

better qualify our members to perform their function of caring for the physically active (p.4).

The National Athletic Trainers' Association's mandate for accredited educational programs within higher education by 2004 had resulted in fear, concern, approval, resistance, support, reluctance, and encouragement among members, leaders, stakeholders, and institutions (Magnus, 1998; Ryan, 2002; Starkey, 2002). Stakeholders affected by the NATA educational reform policies include certified athletic trainers, student athletic trainers, athletic training program directors, educators, higher education administrators, coaches, guardians/parents, physicians, athletic department administrators, and student-athletes. The thought of change has forced the stakeholders to envision concerns and hopes regarding new policy guidelines, increased full-time staff personnel, work demands, educational reform requirements, time management skills, and accountability from its membership and higher educational academic settings (Magnus, 1998; Peer & Rakich, 2000). Nutt (1992) defines planned change as "a process, guided by someone in authority that combines thinking about ways to resolve important problems and taking action to deal with the problem" (p. 5). The National Athletic Trainers' Association planned change implementation process significantly affected major stakeholders and membership groups of the NATA. The implementation of the accredited educational programs encountered change processes involving each institution's cultural environment, educational philosophies, program characteristics, research pursuits, student clinical development, academic competency execution, and the higher education

environment that support the educational and clinical athletic training profession (Freeseemann, 2000; Lauber, 2001; Proctor, 2000).

The purpose of this study was to pursue questions and answers experienced by human beings engaged in the process of planning and change. An open and honest dialogue within an institution's historical culture of athletic training program change was encouraged as it addressed issues of planning, transformation, leadership, communication, collegiality, and implementation. Why did the institution decide to pursue the Commission on Accreditation of Allied Health Education Programs (CAAHEP) standards? What type of program plan design strategy was devised at the institutional level to adapt to the upcoming NATA directives? As the process of CAAHEP accreditation was implemented by higher education institutions within departments, who was responsible for assisting and leading each institutional department in planning for the change process?

The CAAHEP accreditation program guides and directs each institution that desires to complete an extensive self-study documenting the implementation process of the academic requirements. The self-study reflects four primary elements: the narrative, the appendices, data forms, and current catalogs (NATA, 2002). The self-study document allows a program to objectively evaluate its strengths and weaknesses, resources, and guides further development (Dummer, Reuschlein, Haubenstricker, Vogel, & Cavanaugh, 1993). What type of evaluation tool was developed for the institution's planning process, communication systems, and change implementation directives necessary for an effective and successful long-term accreditation process? What process was incorporated to

address the institution's possible changes in beliefs, values, leadership styles, and stakeholder acceptance? What plan was developed and implemented for stakeholders and athletic training staff who were resistant to change? Did the athletic training undergraduate program director or the head athletic trainer accept the role of administrative program planner? Did the athletic training undergraduate program director and head athletic trainer work individually or collaboratively in planning, implementing, and evaluating the accredited educational and clinical programs?

Planning for the educational accreditation process placed challenging demands on the athletic training leadership in each specific institutional setting. The National Athletic Trainers' Association had planned and implemented the necessary educational accreditation reform mandates within the organization for the twenty-first century. However, each institution was to design a strategy and approach specific to its culture, environment, and postsecondary system prior to implementing the accreditation process. "Contextual planning is concerned with examining the changing nature of the institution's industry, identifying feasible new institutional roles and external relationships, and then attempting to shape both environmental conditions and institutional arrangements to become an effective competitor in a new industry" (Peterson, 1997, p. 136). The athletic training educational program directors and the head athletic trainers must collaborate to recognize the complex and diverse strategies necessary for the short and long term successful incorporation of the planned change accreditation policies. A strategic plan, vision, mission, cultural awareness, willingness, and

strong leadership skills are necessary components in defining a successful and functional athletic training educational and clinical program in the twenty-first century (Peer & Rakich, 2000).

The profession of athletic training is recognized and supported by the American Medical Association (AMA) as an allied health care system. The certified athletic trainer is a multi-faceted professional who is educated in a broad spectrum of health-care roles ranging from preventive injury/illness maintenance and acute/chronic injury management situations, to rehabilitative, medical treatments, and psychological counseling. The athletic trainer's involvement in the health care system incorporates a wide array of medical, management, and organizational philosophies into its educational and clinical settings. As the athletic training profession continues to undergo many other critical changes within its organization in the twenty-first century, the planned change and implementation of educational accreditation reform has been a major issue confronting it over the past ten years. The NATA, CAAHEP, Joint Review Committee on Athletic Training (JRC-AT), and the NATA Educational Council (NATA-EC) have all collaborated to create and implement the newly revised accreditation procedures, academic standardization policies, educational competencies, and clinical proficiencies in pursuit of creating standardized, quality, and professional athletic training health care programs.

Statement of Purpose

The purpose of this study was to analyze and evaluate the implementation of the planned change process of the National Athletic Trainers' Association

educational accreditation reform program at the institutional level. The purpose of this investigative study was three-fold: (1) to examine certified athletic trainers employed in CAAHEP accredited athletic training educational programs and gain a deeper understanding of their perceptions of the planned change process; (2) to assess and analyze the strategies used in the planning design programs, leadership roles, and communication strategies in regards to the accreditation process; and, (3) to evaluate the strengths and weaknesses of the CAAHEP educational process and recommended strategies for future organizational planned change directives.

Significance of the Study

This study focused on professional and personal issues affecting the process of planned change and the NATA membership's response to the implementation of the CAAHEP accreditation reform policies. The gathering, analysis, and interpretation of these data will assist the national organization and higher education institutions in clarifying concepts related to understanding planned change theories. Organizations can influence the factors involved in managing the change process by defining the conceptual clarification and theoretical understanding of a planned change process. Thus, institutions "might be more likely to anticipate implementation difficulties and incorporate both preventative and problem-solving strategies into the implementation process" (Mayan, 1996, p. 14).

The NATA Educational Task Force, under the direction of the NATA Board of Directors, has collaborated over time to research, analyze, evaluate, recommend, and implement the NATA's educational accreditation standards and change

reform proposals throughout its national organization and 24,000 members. The task force “created a package of recommendations designed to improve professional preparation of certified athletic trainers, thereby strengthening the ATC’s (Certified Athletic Trainer) knowledge, skills, and credibility” (Ray & Schrader, 2002, p. 24). The task force solicited information, input, questions, and directives from its membership representing the accredited curricula, internship programs, and non-preparatory settings (NATA, 1996; NATA, 1997; NATA, 2000, NATA Education Task Force, 1997). Next, these results were reviewed and analyzed against the requirements of other certifying agencies and allied health professionals, while comparing athletic training certification examination scores of internship and curriculum student candidates. The task force maintained an open communication with its membership through established forums and focus groups at national symposiums and district meetings by sharing ideas, issues, and concerns with professional integrity in guiding this national change process.

The NATA’s Educational Task Force was concerned with how the national organization would accept and support the educational reform proposals and change processes. They focused and created an opportunity to communicate and share the change processes with the national organization’s certified athletic training members and student membership through professional newsletters, journal articles, organizational websites, and national symposium town hall meetings. “The athletic training education reform that started eight years ago is now approaching its most visible deadline – the 2004 elimination of the internship

route to certification. The result is a much stronger and more credible professional preparation – and it is accompanied by the challenges inherent to any change of this magnitude” (NATA, 2002, p. 10). Therefore, since the NATA has been involved in education reform for eight years, this process is considered to be the implementation of a *planned change* system. “Planned organizational change refers to a set of activities and processes designed to change individuals, groups, and organization structure and processes. The key word is ‘planned’. There is some theory and methods that are brought to bear on some target in order to reach some goal... Planned organizational change emphasizes managerial choice” (Mets, as cited in Peterson, Dill, Mets, & Associates, 1997, p. 341).

The NATA has quite often acknowledged and mentioned the term *change* to its membership throughout this process of planned change. In fact, “this new process represents significant *changes*. Any type of *change* requires understanding, accepting, adapting, and accommodating new demands. While it can push us out of our comfort zone, *change* is necessary to enhance our profession” (NATA, 2002, p. 10). Starkey’s (2002) organizational change issue discussions reflected the current NATA organization’s concerns. His review and explanation of the planned change accreditation process involved answers directed towards the NATA membership’s concerns of supervision, clinical education, clinical competencies, and educational accreditation reform policies. The NATA was very much concerned about change within its national organization and attempted to effectively manage the process with

communication, dialogue, ownership, and support by its leadership (McMullan, 1996; NATABOC 2000a; Starkey, 2002).

This study focused on the perspectives of planned change from those certified athletic trainers who were expected to understand, accept, and implement the change at the local institutional level as compared to the intended implementation of the accreditation process from the national level. An attempt was made to analyze the implemented change process from inside the institution to support awareness that change is a highly unpredictable, uncertain, complex, and personal process (Larson, 1997).

Who is responsible for assisting a national organization of 24,000 certified athletic training members with accepting and not resisting the change policy? Is a specific and unique process needed to assist individual membership at the local institutions with adapting and accepting this educational reform? While the NATA's task force was supportive of the new educational reform policies, many stakeholders feared the change and are resistive to its implementation. "While people sometimes want change, they fear its consequences. Within an institution there may be conflicting pressures for both change and the status quo. Those who want to keep things as they are, are satisfied and fear change will disrupt their relationships, reduce their power, and certainly will create more work for them" (Winstead, 1982, p. 21). Therefore, within each institution, what leadership structure will guide the planned change process and act as the change agent for the institution?

Implementing a major change in a national organization involving educational reform is a complex and intricate task. Planned change is integral in all sectors of organizational practice. Legislators, school boards, hospital administrators, and private business owners apply planned change procedures to improve product lines, patient care, educational policy, and administrative directives. Planned change studies reviewed in preparation for the current study included Boehms' (1994) case study at Troy High School, Perciful's (1990) implementation of computer assisted instruction in nursing, Mayan's (1996) planned change of a national policy implementation grid, and Larson's (1997) study on a university's outreach program of organizational change from the inside.

Many questions regarding the planned change in the athletic training accreditation process have been reported. Many more questions involving the professional and personal fears, concerns, and hopes of the full time athletic training staff have not been answered. Nutt (1992) reports that "some leaders treat the planned change process as a gesture to placate superiors or externals...university departments do strategic planning because accreditation reviewers demand evidence of planning...the purpose is not to take action, but to give the appearance of action" (p. 6). Change demands a plan in theory, concepts, and practice directed by visionary leadership. Dewey stated "...history in being a process of change generates change not only in details but also in the method of directing social change" (Bennis, Benne, & Chin, 1969, p.2). The NATA issued a planned change program and supported the effectiveness of the reform issues. However, what institutional stakeholders are responsible as planned change

specialists and change agents to develop and lead the formal, systematic, long term planning process? Therefore, the purpose of this study was to develop a deeper understanding of the change process on individuals and to search for specific planning strategies at the institutional level.

The Research Problem

This study focused on the planned change implementation process of the accreditation reform issues in the National Athletic Trainers' Association. This study was designed to answer the following research questions:

1. What are the perceptions of athletic training stakeholders towards change and planned change situations?
2. What are the perceptions of athletic training stakeholders regarding the CAAHEP planned change educational reform policies?
3. To what extent were planning strategies incorporated during the planned change process at the institutional level?
4. To what extent were the athletic training stakeholders involved in leadership roles during the planned change process at the institutional level?
5. To what extent were communication systems incorporated during the planned change process at the institutional level?
6. What changes or modifications are recommended from the athletic training stakeholders for the CAAHEP educational reform policies?
7. How do the perceptions of the athletic training stakeholders in regards to the CAAHEP planned change educational reform policies compare on the Division I, Division II, Division III, and NAIA institutional levels?

Assumptions

1. It is assumed that the certified athletic trainers are familiar with the appropriate terminology and knowledge of the profession.
2. It is assumed that each participant responded in good faith and with honesty.
3. It is assumed that each participant understood and properly interpreted the questions, intent, and exploratory nature of the study.

Limitations

1. This study was limited to the perceptions and responses of certified athletic trainers at current and future accredited athletic training institutions. It is not unreasonable to assume that the selected CAAHEP institutions are representative of similar CAAHEP institutions within the national organization.
2. The results of this study may be affected by the length of time that has passed since the original implementation of the accreditation process and the gathering of the research, individual's perceptions, and acceptance of the implemented change process.
3. The gathered interview data was assumed to be honest and trustworthy. Each respondent's cooperation and willingness to share personal thoughts may affect the outcome of the study.
4. The gathered interview information was limited to selected accredited and candidacy CAAHEP accredited undergraduate athletic training programs.
5. The gathered interview data was be limited to the stakeholders at seven CAAHEP accredited undergraduate athletic training programs.

Definition of Terms

1. Accredited athletic training curriculum program – An undergraduate athletic training educational program accredited by CAAHEP.
2. Approved clinical instructor (ACI) - An individual who is qualified to provide and supervise student athletic trainer clinical instruction and evaluation.
3. Athletic training - An allied health profession incorporating the art and science of sports medicine for the care, prevention, treatment, and rehabilitation of athletic injuries for the physically active individual.
4. Athletic training undergraduate program director – Individual accountable for all aspects of the athletic training undergraduate educational program.
5. CAAHEP - The Commission of Accreditation of Allied Health Education Programs, the accrediting body for the American Medical Association of athletic training educational programs.
6. Certified athletic trainer (ATC) – An allied health care professional who successfully completes the National Athletic Trainers' Association, Inc. Board of Certification examination.
7. Head athletic trainer – An individual hired by an institution's department of athletics whose primary role is to direct the institution's clinical athletic training program.
8. Internship athletic training program – Undergraduate athletic training program requiring the completion of a minimum of 1,500 clinical experiential hours under the direct supervision of a certified athletic trainer and seven academic core

- courses (anatomy, physiology, basic and advanced athletic training, biomechanics, exercise physiology, health and first aid/cpr) in two or more years.
9. JRC-AT - Joint Review Committee on Educational Programs in Athletic Training. A committee on Accreditation (CoA) under the umbrella of the Commission of Accreditation of Allied Health Education Programs (CAAHEP). This committee establishes standards and guidelines for entry-level athletic training programs.
 10. NATA - National Athletic Trainers' Association. National governing body of the profession of athletic training founded in 1950.
 11. NATABOC - National Athletic Trainers' Association Board of Certification. The organization that creates, implements, and reviews the eligibility requirements for the national certification examination of athletic trainers.
 12. NATA-EC - National Athletic Trainers' Association Educational Council. A branch of the NATA that serves as a clearinghouse for common educational issues between the NATA, JRC-AT, and NATABOC and the membership. The council is most commonly associated with entry-level education and oversees post-certification graduate education and develops continuing education programming.
 13. Stakeholders - Individuals actively involved in the education, implementation, or involvement of the athletic training profession. For this study they include student athletic trainers, full time certified athletic trainers working in intercollegiate athletic training settings, head athletic trainers, and athletic training educational program directors. Other possible stakeholders include athletic

directors, deans, program instructors, coaches, parents/guardians, and student-athletes.

14. **Planned change** – A conscious set of activities and processes that is deliberately designed to create modifications in individuals, groups, and organizational structure and processes.
15. **Years of experience as certified athletic trainer**– The number of years an athletic trainer has served as a certified member in the NATA as reported in the interview recording session.
16. **Years of experience in current institutional role** – The number of years the athletic trainer has served in his/her current institutional role as reported in the interview recording session.

CHAPTER 2

REVIEW OF RELATED LITERATURE

Historical Educational Issues and Changes in the National Athletic Trainers' Association

The evolution of athletic training education in the United States is closely intertwined with the history and development of the National Athletic Trainers' Association. From this modest beginning, athletic training education can be traced through 50 years of *change*, maturity, and emergence as a highly regarded avenue for the preparation of sports health care professionals. (Delforge & Behnke, 1999, p.53)

The profession of athletic training, initiated in 1950 with the creation of the National Athletic Trainers' Association (NATA), has evolved from a group of men in the early 1900's who worked in horse stables and in boxing rings to a group whose initial purpose was "to build and strengthen the profession of athletic training through an exchange of ideas, knowledge, and methods of athletic training" (Newell, 1984, p. 256). Ironically, this was the second attempt to organize a recognized, educated, and standardized profession, as the first NATA disbanded in 1944 (Ebel, 1999). The early years of athletic training struggled with the notion of sharing ideas and the need for education. The athletic trainers of the 1920's, 30's and 40's were focused on a philosophy of learning through a hands-on apprenticeship program. Many athletic trainers of this era were against the opportunity to gain further knowledge through a formal education. In fact, William E. Newell recollected "if athletic training was to win recognition in the health care community, if it was to create opportunities for employment, then

there was a need to determine what skills were required to practice and to develop appropriate courses of instruction” (Ebel, 1999, p. 29).

In 1955, the NATA established the Committee on Gaining Recognition. This special committee continued to expand upon the founding fathers’ goals of developing the educational standards of athletic training and the professional advancement of the national organization. The early goals of the Committee on Gaining Recognition were to promote and validate recognition by the medical community and to develop an educational curriculum that would meet future employment requirements (O’Shea, 1980). Thus, in 1956 the committee began to develop a model curriculum of athletic training education (Delforge & Behnke, 1999). In 1959, the NATA Board of Directors approved and adopted the first formal curriculum model program of instruction (Newell, 1984).

This curriculum model featured four categories. First, the model emphasized the attainment of a major in physical education with a minor in another subject for a secondary-level school teaching credential. Due to the availability of employment at the secondary level, the goal was to create a combined teaching position with the athletic training experiences. Second, pre-requisite courses in laboratory physical, biological, and social sciences were encouraged for future entry into physical therapy school. William Newell, the first athletic trainer to be appointed to the position of National Secretary of the NATA, was a physical therapist as well as an athletic trainer, who encouraged students to pursue further study in physical therapy as an additional means of professional health care growth and paramedical and secondary school level employability (Delforge &

Behnke, 1999). The third section represented specific course development including anatomy, physiology, physiology of exercise, psychology, coaching techniques, first aid and safety, nutrition, remedial exercise, organization and administration, personal and community hygiene, techniques and advanced techniques of athletic training, and laboratory exercises. The fourth category recommended courses involved general physics, pharmacology, histology, and pathology (Delforge & Behnke, 1999). This curriculum model represented a gathering of courses that are currently taught in most institutions of higher education. Over the next ten years, this change curriculum model initiative was accepted in only a few higher educational institutions. Due to the lack of institutional support, communication, and planning as reported in a 1968 survey of physical education department instructors, less than one half of the instructors were aware of the proposed curriculum model of athletic training (Delforge & Behnke, 1999; Miller, 1970).

The next two major historical changes affecting the emergence of athletic training education were developed in 1969 through the work of the NATA Professional Advancement Committee, formerly known as the Committee on Gaining Recognition. The NATA recognized two subcommittees, (a) the Subcommittee of Professional Education, and (b) the Subcommittee on Certification (Delforge & Behnke, 1999). The Subcommittee of Professional Education, which later evolved into the NATA Professional Education Committee (PEC), evaluated and recommended NATA recognition of the first athletic training education programs. With the approval of four undergraduate athletic

training education programs in 1969, the NATA curriculum evaluation and approval process was created (Delforge & Behnke, 1999). “With the development of the first certification examination in 1970, athletic training education and national certification began to form parallel, complimentary paths to future growth and development” (Delforge & Behnke, 1999).

From a historical perspective, the 1970’s represented the period of the greatest proliferation of athletic training education programs. In the twelve-year period after the NATA recognized the first undergraduate athletic training education programs, the number of curriculums in colleges and universities throughout the country grew steadily, from 4 in 1969 to 62 by 1982.

As the opportunities for students increased with the advent of athletic training education programs, the curriculum model for athletic training began to develop its own academic identity. By the mid 1970’s, a revised curriculum for athletic training subject matter shifted academic subject matter from the prior emphasis on physical therapy to a concentrated emphasis of athletic training. The educational program change requirements included anatomy, physiology, physiology of exercise, applied anatomy and kinesiology, psychology, first aid and safety, nutrition, remedial exercise, personal, community, and school health, basic athletic training, and advanced athletic training. A minimum of 600 clock hours under the direct supervision of a NATA-certified athletic trainer was included as laboratory or practical experiences in the athletic training curriculum program (Delforge & Behnke, 1999).

These professional educational program changes were incorporated into the *Guidelines for Development and Implementation of NATA Approved Undergraduate Athletic Training Education Programs* (1980). This document

contained the NATA's first comprehensive guideline for written standards, procedures, and clinical experiences in an athletic training educational program. The eleven required courses identified a list of behavioral objectives for each course plus competency and skill checklists to monitor clinical skill development.

The Change of the Athletic Training Major in the 1980's

The Professional Education Committee mandated in June 1980, that all NATA-approved undergraduate athletic training programs offer a major field of study by July 1, 1986 (NATA-PEC, 1982). "This resolution provided a major catalyst for the most significant changes in athletic training education to date" (Delforge & Behnke, 1999, p.57). The results of a 1981-82 NATA-PEC survey directed among deans and department heads at institutions of higher education reported a high level of support for the concept of instituting an athletic training major. The NATA-PEC, strongly encouraged and motivated, began strategic planning for approval of undergraduate athletic training programs as academic majors. Due to the change efforts and compliance issues necessary for the development of institutional majors or the equivalent, the NATA Board of Directors extended the deadline of approval to July 1, 1990 (Rudd, Templin, & Toriscelli, 1988).

Soon thereafter, the NATA-PEC realized the challenge and difficulty of implementing a new academic program within an institution of higher learning. Rudd, et al. (1988) reported the challenges of developing an athletic training major in a higher education environment and the difficulty of receiving mandates from outside accrediting agencies. Therefore, in July 1982, the NATA-PEC

developed the following definition in regards to suitable implementation of an athletic training major.

A course of study in athletic training which is at least equivalent to the minimum number of semester/quarter hours which constitutes a major in the educational unit in which the athletic training education program is housed. The athletic training education program must be designed so that students are provided with adequate opportunity to meet NATA specified behavioral objectives. (Delforge & Behnke, 1999, p. 57)

The revised 1983 *Guidelines for Development and Implementation of NATA Approved Undergraduate Athletic Training Education Programs* offered two conceptual changes in the academic curriculum program design strategy. The first feature represented the inclusion of specific subject matter requirements, comparable to the 1970's inclusion of specific courses. This subject matter included prevention of athletic injuries/illnesses, evaluation of athletic injuries/illnesses, first aid and emergency care, therapeutic modalities, therapeutic exercise, administration of athletic training programs, human anatomy, human physiology, exercise physiology, biomechanics, nutrition, psychology, personal/community health, and instructional methods. The second feature involved implementation of *Competencies in Athletic Training* based on performance domains identified in the NATABOC role delineation study in 1982. The documentation of the 1983 *NATA Guidelines* supported the effort of a true competency-based athletic training educational program through the integration of directed subject matter content and specific athletic training competencies (Delforge & Behnke, 1999).

The 1990's and the Change in Athletic Training Education

In 1990, the NATA Board of Directors began planning for a change process in seeking accreditation of entry-level programs by the American Medical Association (AMA) Committee on Allied Health Education and Accreditation (CAHEA). CAHEA was formed in 1976 as one of the early specialized accreditation units under the direction of the AMA. "As per AMA policy, formal recognition as an allied health profession was a necessary prerequisite for educational program accreditation by CAHEA. Thus, the AMA recognition was sought for the primary purpose of programmatic accreditation through the CAHEA process" (Delforge & Behnke, 1999, p.58). Consequently, on June 22, 1990, the American Medical Association (AMA) formally voted to recognize the athletic training profession as an allied health care profession.

This victory in the NATA history cleared the way for the national organization to pursue CAHEA accreditation (Arnheim & Prentice, 1997). CAHEA accreditation would guide the health-related educational process by providing direction and cooperation, a process formerly performed by the AMA (Fauser, 1992; Gupta & Hendrick, 1990). The AMA recognition would supply the athletic training profession with standardized educational program requirements and a highly regarded external peer review evaluation. The formal acknowledgement of the athletic training profession as an allied health care field was met with astounding support within the NATA and its membership. "This recognition granted the respect for which the profession had been searching. It was this event that assisted states in obtaining licensure for athletic trainers and it would open

the doors for the third party reimbursement from insurance agencies” (Proctor, 2000, p. 26). In preparation for the future educational changes, members of CAHEA and the NATA-PEC joined to form a review committee of allied health education programs called the Joint Review Committee on Educational Programs in Athletic Training (JRC-AT), while the NATA Professional Education Committee (PEC) was disbanded (Delforge & Behnke, 1999). The JRC-AT’s role was “to validate institutional compliance with educational standards and to promote and ensure quality of the institutional programs” (NATA Educational Council, 1999, p. 2). Upon organizational discussions, the JRC-AT created a standardization and guideline policy to guide the CAHEA accreditation process and the JRC-AT review board. These educational changes lead to revision of the 1983 NATA document *Guidelines for Development and Implementation of NATA Approved Undergraduate Athletic Education Programs* which was subsequently renamed *Essentials and Guidelines for an Accredited Educational Program for the Athletic Trainer* (Delforge & Behnke, 1999).

The AMA, due to sponsorship changes, disbanded CAHEA in 1994 and replaced it with a new independent agency, the Commission on Accreditation of Allied Health Education Programs (CAAHEP). CAAHEP was recognized as an accreditation agency for educational programs in allied health care professions by the United States Department of Education. During this time of accreditation changes, the NATA Board began to create a new philosophy focused on aligning the national organization with other CAAHEP health-care professions and improving public perception of the profession of athletic training. Thus,

educational reform was initiated to prepare athletic trainers for educational and employment opportunities of the future (Ebel, 1999). In 1998, the United States Department of Education was also discontinued and CAAHEP became recognized under the Commission on Higher Education Accreditation (CHEA) (Delforge & Behnke, 1999). Currently CAAHEP, the largest specialized accreditation system in the nation, recognizes 18 professions, including athletic training (CAAHEP, 2001; JRC-AT, 2001; AMA, 1997)). Several of these professions include the American Academy of Pediatrics, American Academy of Family Physicians, and the American Orthopedic Society for Sports Medicine.

During the 4-year period after CAHEA accreditation of the first 2 programs in 1994, athletic training education programs previously approved by the NATA were reviewed and accredited as new programs. As of June 1998, 82 entry-level programs had been accredited by CAAHEP, including 68 previously NATA-approved undergraduate programs. With scheduling of additional programs for review during the fall of 1998, the transition from the education program approval to CAAHEP accreditation of entry-level educational programs was complete. (Delforge & Behnke, 1999, p.59)

In 1997, the NATABOC submitted a major organizational policy change to the NATA recommending a move towards the standardization of undergraduate educational program requirements. The NATA Educational Task Force had continued to research the test performance results and passing rates of the student athletic trainers completing the NATABOC examination. Follow-up results and analysis of the certification tests revealed that candidates graduating from the curriculum programs were consistently outscoring students from the internship programs in all content areas of the NATA certification examination (Ebel, 1999; NATABOC, 1995) “There is mounting body of evidence that the internship route

no longer functions to consistently prepare entry-level athletic trainers in accordance with standards that the profession is willing to accept” (NATA Educational Task Force, 1997, p.1). Consequently, the policy recommended that by the year 2004, “in order to be eligible for the NATABOC certification, all candidates must possess a baccalaureate degree and have successfully completed a CAAHEP-accredited entry level athletic training education program” (Delforge & Behnke, 1999, p.60).

Prior to 2004, the NATABOC allowed two distinct routes towards athletic training certification. The two eligible routes were the internship program and educational accredited program requirements. The internship or apprenticeship route was created in support of the founding fathers of the NATA, who worked in various institutional settings, providing health care for the athletes, while labeling themselves athletic trainers. In the 1970’s, 80’s, and 90’s, the internship student athletic trainer pursued an academic degree from any discipline in an institution of higher learning and completed an apprenticeship learning experience with an athletic team. The NATA required the internship to offer seven core courses of education (human anatomy, exercise physiology, human physiology, kinesiology/biomechanics, human health, basic athletic training, and advanced athletic training). The internship student had to complete 1,500 clinical athletic training hours under the direct supervision of a certified athletic trainer to be eligible for the NATABOC examination. In contrast, the approved curriculum student athletic trainer had to graduate from a CAAHEP accredited entry-level education program, complete the academic core requirements and proficiency

lists, and complete a minimum of 800 athletic training clinical hours in a variety of athletic training experiences, in no fewer than two years, and under the direct supervision of a NATABOC certified athletic trainer.

The diverse number of clinical and educational experiences greatly contrasted the internship and educational curriculum program routes. The internship supported the necessity to complete a greater number of clinical hours compared to the curriculum student athletic trainer. Internship programs justified the high number of clinical experiences as a translation of improved hands-on skills and techniques. However, the lack of institutional consistency and standardization of educational outcomes proved to be a major limitation of the internship program (McMullan, 1996; Peer & Rakich, 2000). In fact, Turocy, Comfort, Perrin, and Gieck (2000) examined passing rates on the NATABOC examination test in relationship to the number of completed clinical athletic training hours. "Total number of clinical experience hours gathered by an entry-level athletic trainer had no ability to predict the outcome on the NATABOC examination. It has been documented that the number of hours accumulated by the student athletic trainer has little influence on examination performance" (p. 74). Therefore, due to the lack of standardization requirements, professional educational guidelines, professional accountability, and CAAHEP, JRC-AT, and Educational Council's recommendations, the internship route to NATABOC would be discontinued after 2004.

The NATA's Task Force worked to eliminate the duplication of educational activities by creating the NATA Education Council. The Education Council

would replace the Professional Education Committee and supervise and evaluate all organizational duties involving NATA educational policy (Ebel, 1999). The NATA Board of Directors adopted 18 recommendations or provisions created by the Education Task Force. These provisions addressed the issues of educational directives, clinical education, and educational/clinical educators. The NATA Education Council identified and recommended changes that developed the clinical education model into measurable and standardized objectives compared to the clinical experiential hour compilation (Starkey, 1997). In support of this provision, the *Competencies in Education Committee of the Education Council* was created. Koehneke (1999) and the Education Council revised the *Competencies* by identifying the athletic training educational domains, reviewing clinical educational procedures, and identifying the knowledge, skills, and attitudes relative to each domain. Koehneke (1999) strongly supported this issue when he reported that “JRC-AT/CAAHEP Standards and Guidelines and the NATA Athletic Training Educational Competencies must be the basis of a curriculum” (p.16). The NATA Education Council’s (1999a, 1999b) development of a competency matrix would allow the program to document where the competency is taught, how it is evaluated, and when student athletic trainers will be evaluated during their clinical instruction.

In accordance with the Education Council’s provisions, clinical education and field experiences are two integral components of the student athletic trainers’ educational preparation. The clinical education component includes the “acquisition and practice of clinical skills” (Guidelines, 1998, p.28) and the field

experience “provides the student with an opportunity to apply these skills in the clinical environment” (Guidelines, 1998, p. 26). The NATA’s Athletic Training Educational Competencies are organized into 12 content areas (NATA, 1999). The three domains within each content area are: cognitive, psychomotor, and affective. The 542 NATA educational competencies, revised from the previous 191 competencies (NATA, 1999b), must be measurable in conjunction with the evaluations being documented over time. Clinical proficiencies for each content area have been identified and clarified for instruction and demonstration in the clinical portion of the athletic training educational program. The implementation of the clinical proficiencies provided a measurable outcome-based qualitative approach to the student’s clinical education in comparison to the previous accumulated hour or quantitative approach (NATA, 1999b). An Approved Clinical Instructor (ACI) should be assigned to supervise the student athletic trainer’s clinical education experience. Supervision is defined as “constant visual and auditory interaction between the student and approved clinical instructor” (Guidelines, 1998, p. 27). The daily supervision must include “multiple opportunities for evaluation and feedback while developing clinical proficiencies in affiliated professional clinical site” (Guidelines, 1998, p. 27). “The field experience should include athletic training room(s), athletic practices, competitive events. The supervised field experience involves personal /verbal contact at the site of supervision between the athletic training student and the certified athletic trainer who plans, directs, advises, and evaluates the student athletic training field experience. The certified athletic trainer must be on-site where the experience is

being obtained” (Guidelines, 1998, p.27). The field experiences are to include opportunities for active involvement in the immediate, emergency, and follow-up health care of athletic injuries and illnesses.

The NATA’s Educational Council continued to be cognizant of developing a multi-disciplinary educational concept within its educational programs. The organization reiterated the emphasis on creating an educational concept with clinical proficiencies, clinical experiences, and developing multi-skilled, dual-certified athletic trainers. Starkey (1997) reported that athletic trainers are “the original multi-skilled health-care providers, although none of this knowledge is unique to our profession. Our marketability stems from our ability to combine bases, apply them to a specialized population and capitate the costs associated with injury...”(p.114).

Accreditation of Athletic Training Education Programs

In the late 1960’s, the National Athletic Trainers’ Association initiated the vision, leadership, and decision-making prowess necessary to pursue national certification for its membership. Lindsey McLean, a member of the NATA’s Professional Advancement Committee, delivered a powerful message to the national organization in 1969. McLean (1999) challenged the NATA organization to examine the problems of employment by offering possible a solution to the organization’s long-term certification dilemma in his article titled “*Does the National Athletic Trainers’ Association need a certification examination?*” McLean discussed the current athletic training employment issues and pointed to the limited number of academic institutions offering athletic training educational

curriculum programs. “Education always is one of the most pressing problems to be analyzed as any profession attempts to advance” (McLean, 1999, p. 292). His recommendations and solutions involved the development of a written and practical national certification examination, its content, and professional administering practices. His direction and statements provided an impetus for professional vision and future academic growth for a searching and changing national organization.

In 1978, the President Jimmy Carter administration, through the Department of Health, Education, and Welfare, initiated a private organization to develop and administer criteria for certifying agencies. “The National Commission for Health Certifying Agencies (NCHCA) was established to develop criteria to ensure that the certification credential and program that an organization administered, was developed and maintained using acceptable testing, psychometric, and legal principles” (Grace, 1999, p. 287). The NCHCA’s accreditation process established national standards, quality, and fairness in sponsored organizations. The accreditation process ensured an efficient, compliant program offering improved performance and effectiveness of health-care agencies. The NATA agreed that NCHCA accreditation was crucial for professional and educational advancement (Grace, 1999). The NCHCA could assume and ensure compliance in credentialing policies and distinguish similar certification programs from one another.

The NATA applied for NCHCA accreditation in 1981. “During the 1982 Winter NATA Board of Directors Meeting, the NATA Board of Directors granted

the National Athletic Trainers' Association Board of Certification (NATABOC) administrative independence for certification matters in order to comply with NCHCA accreditation. The NATA was the first allied health organization in the sports medicine arena to achieve this recognition by the NCHCA" (Grace, 1999, p. 287). The NATA's Board of Certification was an independent administrative component in the NATA organization structure from 1982 until 1989. In 1989, due to the potential increase of litigation issues involving certifying practitioners and memberships, the NATA Board elected to create a separate organization called the NATABOC (Grace, 1999). The NATABOC assumed independent control over various processes including certification standards, procedures, examinations, and continuing education requirements for certified athletic training members. The Board of Directors' eight members govern the NATABOC in decision-making processes and certification protocols. The mission of the NATA Board of Certification is

to certify athletic trainers and to identify for the public, quality health-care professionals through a system of certification, adjudication, standards of practice and continuing competency programs. (NATABOC, 1999, p.1)

During the mid 1990's, the NATA's governing structure and membership completed a review and evaluation of its visionary goals. The NATA's Educational Committee announced plans to create a standardized and consistent method of national health-care accreditation for its educational athletic training programs. The NATA's resolution for a single entrance for national certification by January 1, 2004 allowed the organization to create one standardized route for educational, professional, and clinical certification.

The long-term educational planning strategy developed by the NATA culminated an effort guided by many critical decisions, policies, and planning strategies. The NATA's goal of achieving accreditation and standardized educational programs has evolved over time. The evolution of planning and time has guided the governing process of educational programs from the NATA, which approved programs through the Professional Education Committee (PEC) to the American Medical Association's CAAHEP governing board (Mathesis, Denegar, & Arnhold, 1995). The clinical proficiency emphasis, combined with a standardized educational approach, has added to the NATA's approach of educating a multi-disciplinary, accountable student athletic trainer. McMullen (1997) supported the NATABOC's accreditation decision as

a major reform in how we prepare individuals to meet demands of the profession, both entry-level and continuing education. It will further enhance our credibility, help us keep abreast of current techniques, and better qualify our members to perform their function of caring for the physically-active. (p. 4)

Accreditation in Health-Related Professions

Worthen, Sanders, and Fitzpatrick (1997) define accreditation as "a system and process of reviewing programs against certain quality standards for purposes of credentialing the program" (p.515). The accreditation process assures a basic level of educational quality by allowing the institutional program to attain minimal national standards by which all programs are evaluated. Glidden (1998) recognized the accreditation process as an "American invention, uniquely American" (p.2). Glidden's thoughts supported the accreditation structure because of its external peer-review process and voluntary system. The two

prominent roles accreditation plays in higher education “is to detect, eliminate, and prevent fraud and abuse and to assure quality assurance and quality improvement in institutions” (p. 2). Accreditation focuses on two major issues: (a) educational quality being defined, interpreted, and compared to similar institution’s mission statements; and (b) institutional integrity defined as an institution reflecting its stated program goals and abilities in measurable completed tasks (Young, Chambers, Kells, & Associates, 1983).

The National Institute of Education’s (1984) Involvement in Learning recommended that “accrediting agencies should hold colleges accountable for clear statements of expectations for student learning, appropriate assessment programs to determine whether those expectations are being met, and systematic efforts to improve learning as a result of those assessments” (Stark & Lattuca, 1997, p.85). The common themes viewed throughout the accreditation process are the terms integrity, quality, standards, system, accountability, and evaluation. These terms are essential in the development of an accountable student assessment educational program within the higher education domain.

The vision of the NATA was to create competent, standardized, and consistent educational policy while generating professional credibility (McMullan, 1996; Peer & Rakich, 2000). The role of an accrediting agency, though complex, would assure a recognized, standardized, and quality credentialing system. The NATA established major public support and credibility when it implemented a standardized and competent health-care educational reform policy for its membership. Stark and Latucca’s (1997) “academic curriculum plan”

encouraged a continuous student learning evaluation component guided by an awareness of various internal, external, and organizational influences. The accreditation processes and standardization of educational programs is one of the proposed educational influences guiding the external evaluation and adjustment opportunities. These processes assist and prepare programs to continuously evaluate forces instrumental in affecting the outcomes of a program. Other external influences considered by Stark and Lattuca are the government, alumni, and societal changes. The internal influences considered to affect the educational environment are faculty, students, and the educational program's mission. Stark and Lattuca's recommendations encouraged a "dynamic view of curriculum development with vigorous strategic adjustments as conditions change" (p. 15) to assure quality, integrity, and accountability within the educational curriculum.

The completion of an in-depth self-study report is the initial preparatory document prior to the peer review accreditation visit. The primary purpose of the self-study report should not be based solely on achieving accreditation. Gelmon (1996) reported that the self-study should be used to assess the program's strengths and weaknesses in preparation for improving the program's educational quality. The self-study "process critically examines the program in structure and substance, judges the program's overall effectiveness relative to its mission, identifies specific strengths and deficiencies, and indicates a plan for necessary modifications and improvements" (JRC-NATA, 2001). The self-study report indicates a program's measurable outcomes and verifies the achievement of the desired goals.

A site visit is granted after the JRC-AT committee members review the completed self-study report. An external peer review board conducts the on-site visitation. The review board consists of two or more health care professionals. This process allows for a professional assessment of the program's compliance with the profession's standards and quality control validation of the self-study report. These *Standards and Guidelines* are reviewed by the external peer-review group and compared to the minimum level of quality requirements deemed necessary for accredited athletic training programs. The on-site visitation findings are forwarded to the athletic training program director and chief executive officer indicating strengths and weaknesses of the program. The CAAHEP subcommittee reviews the self-study and visitation team report prior to making the appropriate recommendations for the proposed accreditation status.

Leverenz (2001) addressed several current accreditation issues regarding CAAHEP's commitment to change. Change is a major issue, involving not only the NATA and other health-care institutions, forcing the accrediting agencies to maintain their commitment to open-minded thinking. The JRC-AT and Educational Council act as the Committee of Accreditation (CoA's) for the NATA and report to the CAAAHEP Board of Directors. The JRC-AT is responsible for reviewing the accreditation self-studies, on-site visitations, material evaluations, and recommendations for final CAAHEP approval. CAAHEP's addressed change proposals were challenged to "climb out of the box" (Leverenz, 2001, p. 4).

El-Khawas (1997) offered her support and perspective on higher education accrediting agencies similar to CAAHEP.

Specialized accrediting agencies are a separate category engaging in monitoring and evaluation of higher education programs. Their specialized focus on a single field of study allows for greater scrutiny, including specification of appropriate curriculum content, faculty credentials, and faculty workload, and it permits them to set standards for assessing student accomplishment. (El-Khawas as cited in Peterson & Dill, 1997, p. 76)

The specialized accrediting agencies, according to El-Khawas, are professed to improve educational competencies through a standardized and consistent educational program. Specialized program accreditation adds instant credibility and competence to an institution's program of study. "Specialized accreditation was born out of the concern of a profession about the quality of educational programs that were preparing its practitioners" (Young, et al., 1983, p. 187). The American Physical Therapy Association (APTA, 2001) defined specialized program accreditation as "a system for recognizing professional education programs for a level of performance, integrity, and quality that entitles them to the confidence of the educational community and the public they serve. Accreditation status signifies that the program meets established and nationally accepted standards for scope, quality, and relevance." The visionary Lindsey McLean (1969) challenged the NATA membership and organization with similar objectives of certification and credentialing. McLean encouraged the profession of athletic training to recognize the value of educational experiences, clinical competencies, and a standardized national certification examination process. Thirty years later, the NATA has improved upon the challenge of Lindsey

McLean by achieving NATA certification standards, public acceptance, accountability, CAAHEP accreditation, and standardized educational programs for its membership.

Planned Change Strategies

Change is a continual process that evolves over time. This change concept is not a singular occurrence, but a culmination of repeated processes moving from a state of disorganization and disorientation into a period of stabilization and equilibrium (Volker, 2001). “This process alters the entity’s relationships with its immediate environment in some manner that is reflected in the change structure of the entity and its new relationship with the immediate environment” (Volker, 2001. p. 8). The change literature reflects a need for significant, active involvement of the affected membership in order to initiate, implement, and maintain the planning and change process (Mets, as cited in Peterson et al, 1997; Pomrenke, 1979). The active participation of the change group leads to greater involvement, acceptance, and communication experienced with the decision-making and implementation process.

Change is the altering of tradition and modifying of patterned ways. There is ambiguity about change. It may entail termination, growth, substitution, or simply passing from one phase to another. There is recognition that change can be an improvement, but there is also recognition that change can produce trauma a loss of security. (Winstead, 1982, p.30)

The literature reflects the various perspectives of planned change efforts. Change strategies have indicated that many factors assist with the acceptance and positive implementation process of change within an organization. Winstead (1982) recommends that higher education institutions implement a rational

planning model for planned change processes. The rational planning model incorporates research, planning, and valid decision-making processes based on evidence and reliable information.

The key is to recognize the critical ingredients and different strategies for each situation. An institution need not scrap tradition and start over. It is suggested that institutions move through a gradual process of expanding participation in planning, behavior modification sessions, and formal planning activities. (Winstead, 1982, p.25).

Nordvall (as cited in Peterson, Dill, Mets, & Associates, 1997) recommends that administrators cannot simply order change without proper analysis, researching, establishing procedures, and responding to the membership in a considerate way. Volker (2001) reported that factors that can facilitate successful change include the inevitability of change, trust, active employee involvement, sensibility, and implementation of a learning environment. Nordvall (1987) continued to state that change is an ongoing process and must be perceived as inevitable by both the leadership and membership. A basic level of trust is necessary for successful change efforts. The active involvement of the membership is beneficial as communication is directed in the explanation and discussion of the planned change process. Thus, the change environment must be prepared for a long term, continual investment as learning and chances are implemented (Volker, 2001).

Planned change strategies should be based on institutional research and cultural analysis, diagnosing the problem, formulating goals and mission, identifying planning ideas, sorting and prioritizing program ideas, formulating planning goals and objectives, implementing appropriate goals and objectives,

implementing and maintaining change, and evaluating the procedures involved in the change process (Caffarella, 1994; Hipps, 1982; Lippitt, 1973; Peterson et al., 1997; Winstead, 1982). Metz (as cited in Peterson et al., 1997) supports the previously reported literature that successful implementation of planned change efforts include:

(1) persuasive and credible evidence that there is a need for a change, (2) an agreement that a change is needed, (3) a broad base participation by members throughout the organization in the change process, (4) the technical and resource means to achieve the change, (5) a capacity for organizational learning and problem solving, and (7) leadership to facilitate and sustain the change process. (p. 349)

Effective planning strategies require stakeholders who are receptive to a shared vision through an understanding of the organizational culture and environment. The understanding of the culture involves knowledge of goals, vision, and purpose. Stakeholders need to be influenced to adapt to a change process. Once the organizational members are persuaded to accept the change theory, they need to be empowered to implement the change process within their organizational culture and environment (Peterson, 1997). The empowerment includes an awareness of mission, philosophies, culture, and a voice in the organizational process. "Mission statements link up an organization's history with present-day contexts to provide a vision for the future. The organizational mission provides guidelines for action within its culture, while at the same time calling into question how activities change in the future (Tierney, 1999, p. 65). Peterson (1997) reports that

planning needs to anticipate macro change approaches that are multilevel and designed to alter external relationships, change internal structures, and

incorporate concern for reshaping individual roles and the institution's culture. Such a strategy, designed to guide our institutions into the twenty-first century, needs to be a comprehensive one, requiring leadership that is multidimensional, willing to take risks, and able to provide a consistent and committed effort. (p. 127)

Planned change is considered a conscious and purposeful effort directed towards creating modifications in a stated organizational goal. This deliberate process requires members of the planned change organization to relearn and restructure their roles to achieve this predetermined goal (Zaltman & Duncan, 1977). Nutt (1992) defines "planned change as a process, guided by someone in authority, that combines thinking about ways to resolve important problems and taking action to deal with the problem" (p.5). The planned change system incorporates a decision-making process devoted to problem solving and an implementation of careful, organized planning strategies.

Planned change has been implemented in many avenues of organizations, professions, and institutional settings. The literature has discussed planned change strategies implemented by behavioral scientists, urban planners, hospital administrators, architects, educators, governments, and industry among others (Bennis, Benne, & Chin, 1969; Nutt, 1992; Mayan, 1996; Zaltman & Duncan, 1977). Planning change is the transformation of ideas, thoughts, and goals into definite and sustained action. Advance planning, organizational strategies or models, and continual modifications are needed for this implementation process (Mets, 1997). The planning process involves a reassessment of issues, concerns, or problems. In order to reassess problems and issues, an individual needs to create an understanding, and awareness of oneself. This reassessment of oneself

involves a truthful acknowledgment of values, vision, assumptions, and mental models. Planned change is unique from other types of change. The successful implementation strategy of planned change focuses on values, culture, strategies, persuasion, and empowerment. Change strategies require an advanced plan, necessary resources for implementation of the strategy, and an awareness that specific modifications may be needed to maintain the strategy on course (Chaffee & Jacobsen, as cited in Peterson et al., 1997). Peterson and Dill (1997) recommend the necessity to persuade individuals to adopt the change, and once they are persuaded to accept the planned change, they must be empowered to formulate, implement, and sustain the change process.

Planned change is a deliberate process designed to solve a problem or improve a condition. It is based on objective research, formal intervention, and the use of systematic planning procedures. It is designed to alleviate fear and uncertainty and to foster excitement, institutional renewal, and personal and organizational growth. While resistance to change is a reality, appropriate planned change strategies can overcome inertia and built-in biases toward the status quo. To ensure the success of the planned change process, it is necessary to employ a planned change specialist and a formal, systematic planning process. (Winstead, 1982, p. 30)

Zaltman (1977) discussed his theory on the factors involved in preparing an environment for change. His five factors preparing and affecting the climate for change are: “(1) a perceived need for change, (2) an openness to change, (3) potential for change, (4) perceived control over the change process, and (5) the commitment to change” (p. 243). The preparation and recognition of Zaltman’s theory, during the implementation of a planned change process, is a crucial evaluation strategy for the long-term success of both planning and change.

“People and cultures may not resist change itself so much as they resist being changed. A change process whereby someone dictates the change is less effective than one in which change occurs as a byproduct of efforts to achieve a desired outcome” (Peterson et al., 1997. p. 240). The understanding of an organization’s culture and change process is necessary in producing an effective planning process. An effective planning process requires an organizational culture that is open and values a shared vision. The shared vision should encourage an organization to find shared language and goals, while trusting and learning about the current institution’s internal and external environments (Chaffee & Jacobson, as cited in Peterson et al., 1997). Leaders must continue to encourage the organization’s participation and acceptance of the shared vision. The willingness to accept the shared vision must be trusted by everyone, including those who are designing and participating in the planned change process and those who are not actively involved in the actual design process.

The term culture can be defined as a pattern of basic assumptions developed for a given group that guides an organization’s coping strategies in difficult and challenging times. Culture is the culmination of an organization’s most trusted and recognized values, beliefs, visions, and behaviors (Mercer, 2001). These basic core assumptions, values, and perceptions are entrenched over time, guide strategies and decisions, and are accepted as the basis for future decision making processes. Many of these values need to have been successful within the organizational design to be considered valid, taught to new members, and influence the membership’s way of thinking, perceiving, and implementing new

processes (Chaffee & Jacobsen, as cited in Peterson et al., 1997). “At the deepest level, important assumptions, generally unexamined and often taken for granted, form a core. Acceptance of new members by a group depends upon an individual’s successful socialization within it” (Peterson et al., 1997, p. 234-235).

Members of an organization involved in a planned change process benefit by assuming an active involvement and voice in the decision-making process. Involvement in the planned change process creates a sense of trust, ownership, and commitment to the organization’s vision. Pomrenke (1979) would commend the NATA for its mandated planning for change.

Change is facilitated, however, when it is communicated fully to everyone involved; when those who are affected by change are involved in the decision making; when fears are countered with factual information; when it is made as acceptable as possible; when it has the commitment of top management; when structure is altered to support the change; and when specific actions are developed in organizations that will make operational the elements just enumerated. (p. 34)

Resistance to Change

The National Athletic Trainers’ Association has been in existence since 1950. In the past 55 years, change efforts have produced results ranging from professional national certification requirements to educational reform policies. The NATA has pondered the organization’s membership’s acceptance of the educational reform change policies for the past eight years. A longstanding and established group will potentially devise its own sense of identity, values, and standards over time (Lewin, 1944). A member of a group will gradually create a sense of acceptance and belonging while trusting to adhere to the group’s values, beliefs, and standards (Perciful, 1990). In essence, for the members of a long

established organization to change philosophies and create new habits, a dynamic process must be established within individuals of the group.

Kurt Lewin's (1951) view on change incorporated a dynamic balance of forces working against each other in opposite directions. Lewin's force field analysis approach states that any type of situation is considered to be in a state of equilibrium resulting in the balance of forces constantly pushing against each other. In Lewin's thinking, in order to maintain a state of equilibrium, both the restraining forces and driving forces influencing a change decision, must maintain a balance. The restraining forces are forces that are considered to resist change in the decision-making process. These forces may resist change because of perceived threats, fears, and value differences among people. The driving forces are inferred to support change because of a natural human desire to become more efficient or effective. These influences may also create different end results or just become adapted to please someone. To achieve a desired change, the restraining force must be weaker than the driving force or the driving force must be stronger than the restraining force.

Three elements of successful change must involve the unfreezing, initiating/changing, or refreezing theory (Lewin, 1951). Lewin's first stage of the force field analysis involves thawing out or unfreezing the system incorporating disequilibrium, discontent, or uneasiness. In other words, the initial phase in a change process must apply sufficient force to reduce inner resistance, thus striving to maintain the planned change as status quo. Any involved change group must assess the status quo by evaluating the current planned change situation within

both the internal and external environments surrounding the structure. If the initiated planned change is not accompanied by individual or group resistance, the first stage of unfreezing may not always be needed. However, a great amount of study and effort is recommended during the first stage to overcome any noted resistance to change, prior to shifting the second phase of planned change.

The second stage, initiating change, involves the change system moving toward a new state of equilibrium. Once the moving stage is reached, the system is considered to be adapting to a new level of behavior and an actual change has occurred. Once this change process has occurred, a new refreezing level must be enforced to maintain the status of the newly created change process. This third stage responds with a new stabilized and integrated change force, therefore refreezing the process into a new level of behavior or change status.

“According to Reynolds (1994) seventy percent of corporate reengineering and cultural change efforts fail due to employee resistance to change efforts. One way that this failure rate might be lowered is the ability to understand and identify behaviors that indicate a proposed change is being resisted by individuals within a group or an organization” (Volker, 2001, p. 15). The literature reports that change may be resisted due to the leadership’s resistance for effective change, not middle managers or membership (Dent & Galloway, 1999; Quinn, Spreitzer, & Brown, 2000). Quinn and Spreitzer’s (2000) study reported that people in power resisted change efforts while working to maintain status quo in their organizations without an awareness of their attitudinal resistance to the change process.

“Changing others requires changing ourselves first. We attract others to change when we change ourselves first” (Quinn et al., 2000, p. 148).

Mental Models: A Resistance to Change Theory

An organization’s leadership or an individual’s mental model can affect reasoning, assumptions, and decision-making processes in the planning and change process. Mental models can be described as cognitive structures used to describe, predict, and explain the systems or functions that they represent (Gilbert & Rogers, 1999). The study of mental models has been documented in the development of computer representations (Getner & Stevens, 1983), spatial reasoning (Johnson-Laird, 1983), analogical reasoning (Collins & Getner, 1987) and modern day technologies. The conceptual theories of mental models (Collins & Getner, 1987; Johnson-Laird, 1983; Johnson-Laird & Byrne, 1991; Johnson-Laird & Shafir, 1993) refer to an individual’s cognitive behavioral structure and the representation of this gathered information during the interaction of daily activities. Peter Senge (1990) defines mental model as “deeply ingrained assumptions, generalizations, or even pictures or images that influence how we understand the world and how we take action. Very often we are not aware of our mental models or the effects they have on our behavior. We remain unaware of our mental models and the models remain unexamined. Because they are unexamined, the model remains unchanged” (p. 175). Mental models are subtle processes, but powerful message carriers. These subtle models normally affect our decisions and planning processes. However, they are powerful because they determine what our subconscious mind focuses towards and pays attention to,

therefore affecting the actions we complete (Lancaster, 1999; Senge, 1990).

Mental models shape our decisions unconsciously regarding the issues, changes, labels, and planning decisions attempted. These subtle, unconscious processes, in turn, create personal effective outcomes and standards affecting the decision-making concept or resistance to change.

Senge (1990) recommends that learning organizations need to bring key assumptions to the surface and develop an awareness and reflection of issues through inquiry skills. Becoming aware of one's own mental models is an initial step in creating personal awareness. Mental models are cognitive structures that impact life's experiences, decisions, and learning situations. Senge reports that if we do not understand our personal mental models as we make decisions and interpret new situations, it will be difficult to change the results we are achieving and move to a higher level of performance. Johnson-Laird (1983) discussed the cognitive behavioral structure of mental models as a basic premise. "It is now plausible to suppose that mental models play a central and unifying role in representing objects, states of affairs, sequence of events, the way the world is, and the social and psychological actions of daily life" (p. 397). Mental models, according to Johnson-Laird (1983) and Senge (1990), represent an individual's interpretation of life, perceptions, changes, communication, and ultimately the decisions affecting our active participation in our environment. The acquisition of these mental models and proper utilization will successfully allow an opportunity for essential learning throughout life.

Kenneth Craik (1943) was one of the first philosophers to propose the 'modeling theory of thought' or parallel reality, in terms of quantum physics and the conscious mind. Craik's theory combined the usage of physiological theorems and human conscious experiences to explore the mental theory and its effects on reality.

If the organism carries a small scale model of external reality and its own possible actions within its head, it is able to try out various alternatives, conclude which is the best of them, and react to future situations before they arise, utilize the knowledge of past events in dealing with the present and future, and in every way react to a much fuller, safer and more competent manner to emergencies which face it. (Craik, 1943, p. 20)

Craik (1943) reported that an individual's single decision or numerous decisions may lead to personal criteria for making future decisions in life. However, Craik stresses that a greater number of experiences does not always lead to a successful decision-making opportunity. "If he makes many observations, he may put a warped interpretation on them, he may think them to be consistent with some esoteric theory of his own; and nothing but the evidence of other men will help show him reality" (p.13). Senge (1990) infers that mental models actively affect what we see and how we act. People may not always conduct themselves harmoniously with what they say. However, people normally behave consistently with their mental model theories. Senge's theory of cognitive recognition and commitment to vision emphasizes the need to become aware of one's style of communication representing action versus verbal syntax.

The theoretical interest of mental models may be created in the source of information used to compile the contextual meanings. The theories may be developed from the individual's long-term memory, discussions, or current

perceptual experiences. The dynamic effect of mental models may be changed and reconstructed during the activity of interpretation (Manktelow & Over, 1990). Mental models are created by the one's external stimuli of the world around us. These external stimuli refer to the observed or unobserved messages that are bombarding our daily environment. These individual cognitive learning structures are represented internally to form a conceptual (perfect representation) and mental (user's internal representation) model representation of the environment (Hudson, 1997). People form new mental models as the result of experiences, perceptions, instructions, relationships, and visual imagery (Craik, 1943; Senge, 1990). Mental models are constructed for individuals in preparation for making an unconscious prediction regarding an external event prior to fulfilling the task. Upon receiving and interpreting this new information, an individual may (1) review the current model and later implement it, thus incorporating in the new information; (2) review the current model and add an exception to it, and; (3) make a note of the information for future reference, it might not even be attached to the model" (Hudson, 1997, p.1).

Hudson (1997) describes specific mental model terminology to construct his experiences. In describing the term 'assimilation' of new information, Hudson reports that if new and insightful information received matches and supports a person's current mental model, the person will automatically extend his or her current mental model theory. However, if you receive new information and it contradicts one of the person's current mental models, the person can add an exception to the theory and 'accommodate' his or her mental model theories.

People reason from their understanding of a situation and so their starting point is a set of mental models – often a single model – constructed from perceiving the world or from comprehending discourse. They formulate a conclusion based on the set of models. And they can evaluate the conclusion by searching for alternative models that might refute it. (Johnson-Laird & Shafir, 1993, p. 41)

Learning organizations are involved in resistance to change within the environmental culture. Change in organizational structures offers an opportunity to approach an individual's mental model prior to meeting the resistance to a change concept. Hudson (1997) reported that it is very difficult to change an established mental model. "In order to change an existing mental model, the proposed replacement must be understandable, plausible, and must exhibit a strong conflict with the predictions based on the existing model. This new model must be seen as useful" (p. 3). Senge (1990) confirms that mental models powerfully affect how we react and our decision-making processes within the culture and environment. "Two people with different mental models can observe the same event and describe it differently because they have noticed different details" (p. 4). Johnson-Laird (1983) confirmed the deductive reasoning theory in their research shared by Van der Henst (1999).

First, participants construct a mental model of the premises of the problem. Second, participants draw a putative conclusion from the model that is informative. Third, participants try to falsify this conclusion by constructing an alternative model of the premise. If they cannot construct an alternative model, they take the initial conclusion to be the correct answer. If they can construct alternative models, they must reach a conclusion which is valid in all models it is possible to construct from the premises. (p. 2)

Dent and Galloway-Goldberg (1999) concluded on the resistance to the change concept with their mental model alternative approach. "The mental model is

basically monolithic. Making changes effectively in organizations require specific, targeted action. If the anticipated change will result in the loss of status by some employees, then the field must research and develop strategies for dealing with the loss of status” (p. 40). These findings are consistent with Johnson-Laird (1993) and Hudson’s (1997) deductive reasoning approach of searching for a valid, understandable, objective, and plausible alternative for changing a mental model. Therefore, many organizational leaders resist change due to the behavioral concept that their deeply embedded mental models are simply models, not reality (Senge as cited in Dent et al., 1999).

Planned Change within the National Athletic Trainers’ Association

“If you blink, something will change in this Association and in the profession,” Ronnie Barnes, NATA Education and Research Foundation President observed. “I am impressed that some part of this Association has moved every day of its existence” (Ebel, 1999, p. 41). Change has been involved throughout the National Athletic Trainers’ Association since the inception of the term “trainer” in the early 1900’s. Change has continued to affect many areas of the profession of athletic training. Several of the change products have been directed towards student educational and curriculum preparations, national certification, membership numbers, demographics, accreditation, employment opportunities, professional research, governmental structure, and instructional methods.

Several documented research studies have been completed within the athletic training domain and with athletic training program directors regarding the change process. Change studies have been reported on dual roles in the clinical and

didactic teaching environment for the staff athletic trainer, differences between NATA-PEC and CAAHEP programs, student population, and quality improvement opportunities in accredited programs (Magnus, 1998; Martin & Buxton, 1995; Mathies et al., 1995; Poindexter, 1995; Proctor, 2000). Magnus reported that the concept of full-time athletic training staff members evolving into full-time teaching faculty is one of the most significant changes in the NATA's pursuit of educational accredited programs. Magnus recommends that the NATA athletic training educational programs implement academic models similar to other allied health professions for future progression and professional growth.

In the past, the staff athletic trainers were deeply involved with both the educational and clinical aspect of athletic training. With the change to accreditation, the full-time clinical staff will have limited involvement in the academic preparation, while the program director and full-time faculty will engage in the didactic preparation of the student trainer education. In return, the program director and athletic training educators will also be limited in the daily athletic training operations and clinical hands-on experiences. This change will affect the daily interaction, communication, and observation between full-time staff and athletic training students. Magnus (1998) stated "we must expect a further division in the clinical and classroom athletic trainer's 'role and responsibility' debate before we find a resolution" (p. 308). However, Proctor's (2000) study recently reported that 45% of certified athletic trainers were still active in both the clinical and didactic elements of the athletic training program. Proctor's findings recommended the added benefits of the dual role of didactic

and clinical teaching athletic training responsibilities. He emphasized the value of dual roles through improved clinical awareness, enhanced student athletic trainer confidence, and the maintenance of the instructor's clinical and hands-on skills. Staff athletic trainers at Research I institutions were assigned dual roles only 25% of the time. Research I institutions were classified according to the Carnegie System. Proctor concluded that "it appears that ATC's at Research I institutions have a greater opportunity to specialize in either didactic or clinical instruction. Thus, ATC's at smaller programs have more comprehensive workload assignments" (p. 100). This finding would indicate that Magnus's (1998) research and the NATA's philosophy of separate clinical/didactic faculty, contradicts Proctor's (2000) findings. This planned change of separate athletic training full-time staff roles within the accredited program is yet to be achieved.

Change situations in the NATA accreditation process will affect athletic training undergraduate program directors and institutional program preparations. The change implementation would affect both first time educational programs applying for accreditation and former NATA approved curriculum programs applying for accreditation status (Mathies et al., 1995; Poindexter, 1995). The process of seeking accreditation involves finances, standardized curriculum, staffing, resources, commitment, student outcomes, enrollment, and academic success rates. Studies conducted reveal many of the fiscal responsibility changes would not have a major impact on educational accredited programs. Poindexter (1995) indicated that no significant effects were noted in program finances, curriculum programs, or enrollment in athletic training programs that changed

from the approved to accredited program. Mathies et al. (1995) reported that the main added burden on the institution's program director is the increased time commitment in coordinating a faculty committee and completing the self-study. However, Mathies et al. (1995) also reported that the majority of the time committed would be completed prior and during the first-year's on-site visitation. Poindexter (1995) reported that medical and allied health-care personnel, faculty, and clerical staffing would be minimally affected by the change to an accredited program. Mathies et al. (1995) did not anticipate any major impact changes for approved athletic training programs changing to CAAHEP accredited programs. "There will be a small increase in fees, a greater emphasis on educational outcomes, and the requirement of the self-study. We do not anticipate substantial changes within programs, but we do envision an increase in administration and faculty involvement" (p.132).

Martin and Buxton (1997) reported on the changing demographics in the United States and their pending effect on the athletic training profession in the twenty-first century. As accredited athletic training programs are established, demographic trends similar to the growing diversity of student populations in higher education institutions are emerging. These demographic changes and profiles will include students diverse in cultural orientation, religious background, sexual orientation, age, race, ethnicity, physical disabilities, or gifted needs (Martin & Buxton, 1997; Stark & Lattuca, 1997). Special academic needs, diverse learners, and specialized academic program accommodations are appropriate for enhanced learning strategies. Martin and Buxton's (1997) findings report that for

an organization whose membership demographics have been predominately Caucasian and full-time students, a need for future diverse program awareness through multicultural training for athletic training education program directors and clinical full-time staff is encouraged. Further recommendations include (1) becoming aware and dealing with cultural prejudices, stereotypes, and attitudes, (2) improving the individual student learning concepts and strategies to change with the diverse academic and clinical learning styles of traditional and non-traditional student needs, (3) improve upon student and instructor communication skills, cross-cultural communication, and twenty-first century sensitivity and diversity issues, and (4) administrative leadership and support for curriculum transformation, sufficient resource allocations, and diverse faculty commitment (Martin & Buxton, 1997; Stark & Lattuca, 1997; Olguin & Schmitz, as cited in Gaff & Radcliffe, 1997). “Athletic training education programs that are willing to rise to the challenges of demographically changed students and to develop strategies to meet student needs without decreasing academic, clinical and professional standards will indeed be prepared for the vigor of student admission, attainment, and graduation competition in higher education” (Martin & Buxton, 1997, p. 54).

Proctor (2000) reviewed clinical and educational program characteristics specified for accredited athletic training programs as intended by the NATA’s *Standards and Guidelines*. He noted in his research that the *Standards and Guidelines* do allow for institutional autonomy and flexibility in interpretation, implementation, and program development. However, Proctor revealed that this

autonomy may have caused “excessive variability across programs and created confusion concerning what is required to be compliant” (p. 98). The change to an accredited educational format for the NATA was created to develop quality and standardized educational preparation of entry-level athletic trainers as they prepare to compete in the allied health-care market (Peer & Rakich, 2000). Proctor (2000) reported that the *Standards and Guidelines* were vaguely written and interpreted ambiguously causing institution’s to vary considerably on interpretation and implementation procedures.

It was anticipated that the change from the NATA approval process to the CAAHEP accreditation process would not have a major impact on programs. However, this study has shown that inconsistencies exist in various standards that have lead to significant variability in important program characteristics among athletic training education programs. (p.139)

Athletic Training Leadership Styles in Planned Change

Leadership involves vision, planning processes, and learning strategies. An effective leader must engage the membership to accept the change process and the challenge it will invoke, modify one’s values and beliefs, and create new habits of behavioral change responses (Heifetz, 1994). The leadership of planned change must be effective in invigorating the membership, create a vision, develop a membership committed to the vision, and guarantee that the membership’s organization is capable of keeping up with the demands of the change (Mayan, 1996 as cited in Hingis, Brown, & Greenwood, 1991; Mohrman, Ledford, & Mohrman, 1989; Nadler & Tushman, 1989). Cameron and Ulrich (1986) recommended five strategies needed for effective leaders in transformational change. The leader (1) must create a state of readiness for change, (2) overcome

resistance, (3) articulate and share a vision with the membership, (4) generate individual and group support and commitment, and (5) institutionalize the implementation of the change process.

Effective leadership has become increasingly important for both the NATA organization and its membership due to the rapidity of change in healthcare and athletic training. The role of the institutional head athletic trainer influences a wide array of medical specialists, administrators, coaches, athletes, guardians, media members, and educators on daily basis. The athletic trainer's job description entails a unique combination of skills and traits. These skills involve athletic injury management, education, research, communication, and decision-making processes defined predominately by the individual work environment and higher education and athletic administrative philosophies.

Ray defined leadership as "the process of influencing the behavior and attitudes of others to achieve intended outcomes" (Ray, 1994, p. 6). Ray's usage of the term 'influencing' is depicted in a contextual manner referring to the act of change. 'Influencing' is aggressive, progressive, and challenging in creating a situational change. The statement suggests that the leadership role is an active command creating measurable outcomes. The assumption that change is an active ingredient in leadership styles is a critical foundation of Ray's definition. Ray's comments reflect a process that establishes one's actions, values, and changes in a belief system. The terminology is highly suggestive that leadership encourages the action of change in an organization structure. O'Toole (1994) supported Ray's synonymous clarification of the terms active and change. "Every one of

these agents of change has known that success depends on the active support of the people, and for the people to become involved in change, they must see some familiar elements of continuity” (O’Toole, 1994, p. 73). The role of the leader is to encourage an active participation and a common understanding within an organization. Ray’s terminology of process would lend credibility of O’Toole’s clarification that change is planned and ongoing. A process is a continual plan embarking on stages and order in pursuit of creating a desirable plan or outcome. Why is the discussion of leadership important for athletic trainers? The implementation of leadership is the cornerstone of managerial implementation, success, and vision. The athletic trainer is an ineffective change agent within his or her environment without the ability to influence attitudes and behaviors toward a predetermined goal (Ray, 1994).

O’Toole (1994) describes the characteristics of a value-based leader who listens, responds, and communicates respect to his followers. O’Toole depicts the value-based leader as one with personal characteristics of trust and integrity.

Leaders must adopt the unnatural behavior of always leading by the pull of inspiring values. The ultimate in disrespect of individuals is to attempt to impose one’s will on them without regard for what they want or need without consulting them. Thus, treating people with respect is what moral leadership is all about, and nothing could be harder. But when there is organizational or social necessity for change, nothing is more practical. (p.12)

The necessity to allow one’s followers a voice in the community is a conscious leadership trait, valuable in the change environment of athletic training.

Educational reform, experienced clinical instructors, inexperienced athletic training students, new academic program directors, and veteran head athletic

trainers all represent a particular individual lens in viewing this progressive change. O'Toole's (1994) recommends that the foundation for leadership building includes a leader's vision becoming the follower's vision in search of a common principle. Value-based leadership emphasizes the leader's passion of values, attitudes, and actions upon the followers. His requirements of value-based leadership are challenging to accept in today's society. However, in an effective change agent process, a humanistic approach that brings people and their voice into the process will develop a sense of ownership in the organizational change structure. Leaders must know their own biases and focus on listening, reflecting, and reacting with flexibility (Heifitz, 1994). "To listen, one has to live with doubt" (Heifitz, 1994, p. 271). Leaders need to reflect on daily challenges, decisions, and alternatives. Self-reflection is crucial in defining and establishing effective leadership traits by creating personal values, decisions, and interpretive situations for leaders (Heifitz, 1994).

"Athletic trainers are set apart from their faculty colleagues in other disciplines by virtue of the diverse nature of their appointments. As a subgroup, they are called on not only to teach but also to perform their job in the athletic department" (Stauirowsky, 1998, p. 247). The athletic trainer is a clinician, administrator, counselor, educator, facilitator, advisor, para-medical technician, researcher, and adaptive innovator (Anderson & Hall, 1995; Arnheim & Prentice, 2000). The complex role of the head athletic trainer must focus on many more professional areas than injury evaluation, injury management, and rehabilitation. Winterstein (1998) emphasized that each institutional environmental setting and complex

organizational structure dictates the work role of the head athletic trainer. The leadership role within an organization demands competence, vision, and time. The leadership challenge for the head athletic trainer or the athletic training program director involves the prioritization of time commitment toward health care administration and educational preparation. "The healthcare administration domain often occupies a disproportionate amount of head athletic trainer's time in comparison with the role of the health care provider. Head athletic trainers are often torn by competing constituency-determined roles demanding their professional attention. Moreover, each setting is unique in that student-athletes, student athletic trainers, specific coaching staffs, team physicians, other co-workers, and many groups native to that setting define an individuals commitment" (Winterstein, 1998, p. 55).

Athletic trainers must take upon themselves to become better professionals and leaders in the today's world of health care reform. The leaders in the profession of athletic training must prepare for the current health care system's opportunities, evaluate changes, acknowledge challenges, and initiate ideas for the future (Falb & Perrin, 1998; Knight & Ingersoll, 1998). The head athletic trainers at intercollegiate institutions must choose an academic direction and a vision for their programs into the next millennium. Distinctive management and leadership styles are essential qualities of the head athletic trainer in creating this greater responsibility of professional development. The current educational reform policies will continue to create an influx of new employment positions for curriculum program directors at these institutions. The head athletic trainers and

the program directors should work together as a team in creating an established trust and empowerment in the clinical and academic environments (Freeseemann, 2000). The head athletic trainer in the twenty-first century must be a leader who can communicate, motivate, plan for change, implement the planned change process, and evaluate its effectiveness. Athletic trainers who become employed in the academic accredited environment will have job responsibilities that are characterized by a diverse set of time management duties. These duties will require a balance of time combining teaching, clinical student supervision, institutional service, and responsibilities to student-athletes within the department of athletics (Freeseemann, 2000; Proctor, 2000).

If the athletic training profession is at the crossroads of change (Knight & Ingersoll, 1998), the NATA must continue to develop competent head athletic trainers and program directors as the leaders for the clinical and educational program environments. These positions must continue not only to manage new educational reform policies, but lead the administration, students, and academic instructors into the present century. "A lot of training that goes on, I would call management training, not leadership training. Programs are teaching people to be good administrators, and they label that leadership. Developing leadership requires a shift in emphasis...far too little is completed on the human and spiritual dimensions" (Bolman & Deal, 1994, p. 93). The NATA must initiate change to develop competent managers, administrators, and leaders as the future generation of educational program directors advance into accredited higher education environments. "In modern organizations, management provides consistency,

control, and efficiency. But leadership is needed to foster purpose, passion, and imagination” (Bolman & Deal, 1994, p. 77). Athletic training leaders must continue to maintain an open communication, provide tools for success, provide ownership, and create a vision for their followers (Wilson, 2001).

The leadership skill of communication is “by far the most important element contributing to the success of a planned change process” (Lippitt, Langseth, & Mossop, 1985, p. 111). The value and importance of communication and organizational change is significant in the implementation process (Covin & Kilmann, 1990; Lewis, 1999). Covin and Kilmann (1990) reported that the failure to properly communicate needed change policies and share pertinent information with membership were considered to have a strong negative impact on the acceptance of change policies. Lewis (1999) reported that although the literature states the type of possible effective channels for communicating information, current research is limited about the patterns and various channels used for disseminating informational in planned change situations.

Major organizations that lead members through restructuring and mergers continue to lead people through a change process. Health care industry experts estimate that about 85% of their organizations will undergo some type alteration within the next two years (Sheerer, 1997). The sight and message of a change policy in any organization may elicit skepticism, concern, fear, and non-acceptance among stakeholders.

Many leaders fail to understand the social dynamics behind change and why, on the human level, change initiatives fail. Many organizations focus almost entirely on the soft, relationship-building aspect of change management, or on the hard, business, aspect. They are unaware that

successful change initiatives must incorporate both...through an emphasis on team based problem-solving that in turn focuses on achieving tangible results. (Moskal, 1997, p. 21)

The leader who knows who they are as a person and an administrator, how their employees see them as a leader, how they feel about change, and how they have embraced change in the past, are all essential introspective questions prior to change implementation. If an administrator or leader cannot accept the change process, the members will be unable to accept it also (Sheerer, 1997).

CHAPTER 3

METHODOLOGY

The purpose of this chapter is to describe the research methodology used in this study. The purpose of this study was to examine, analyze, and evaluate the implementation of the planned change process of the National Athletic Trainers' Association CAAHEP educational accreditation reform program at the institutional level.

The general purpose of this investigative study was threefold: (a) to examine certified athletic trainers, employed in CAAHEP accredited athletic training educational programs, and determine their perceptions of the planned change process; (b) to assess and analyze the implementation of the planning design programs, leadership roles, and communication strategies in regards to the accreditation process; and, (c) to evaluate the strengths and weaknesses of the CAAHEP educational process and recommend strategies for future institutional and organizational planned change directives. In an effort to seek an understanding and gather a voice from CAAHEP accredited undergraduate athletic training programs, I interviewed twenty-one certified athletic trainers at seven institutions. The seven Midwest institutions were selected from the various NCAA levels including NAIA, Division I, II, and III.

First, the rationale for the usage of qualitative design methodology is presented. Second, a description of the participants, the design and instrumentation, data collection, and analyses are presented.

Rationale for Qualitative Interview Research

The use of qualitative methodology has become more common in medical journals, nursing and healthcare, health service research, and health technology evaluation programs in the past decade (Clifford, 1997; Mays & Pope, 2000). The focus of qualitative research is to gain a better understanding and an interpretive view of human behavior and experiences. Qualitative researchers tend to construct individual meanings, describe what meanings are reflected and how, and encourage the value-laden nature of inquiry (Bogdan & Biklen, 1992; Denzin & Lincoln, 1998). Qualitative researchers base their theoretical framework on the approach that interpretative meaning is socially constructed and valuable, while evolving from our personal interaction and understanding of experiences in a social environment (Denzin & Lincoln, 1998; Pitney & Parker, 2001). This thick and rich descriptive qualitative data describes people's experiences in depth and allows them an opportunity to probe into their own so-called natural everyday settings.

Qualitative methodology requires the researcher to get close to the situation and gain an understanding of the depth, details, and description of people, interactions, and happenings (Kuhns & Martorana, 1982). Naturalistic inquiry involves a setting of interaction or relationships that are not manipulated or predetermined to establish a specific response (Patton, 1980). This research study offers the investigator an opportunity to openly question, probe, and discover the established perceptions of certified athletic trainers experiencing a planned

change program. This discovery attempts to uncover hopes, thoughts, perceptions, and interpretations in an insightful and probing manner.

Guba and Lincoln (1981) define naturalistic inquiry as “discovery-oriented” approaches that direct a process of qualitative methods to uncover natural occurring phenomena in their naturally occurring ways (Kuhns & Martorana, 1982). The qualitative strategy allows a specific theoretical framework to analyze cases of study without making prior assumptions among pre-determined variables. In short, the qualitative approach generates a rich, insightful experience through an emergence of systematic observations, understandings, and interpretations.

This research study design was patterned after the planned change dissertation studies completed by Perciful, 1990; Boehms, 1994; Mayan, 1996; Larson, 1997; and Ricker, 1997. Intriguing quantitative, qualitative, or combined quantitative/qualitative athletic training research studies that influenced my design included research studies by Proctor, 2000; Freesemann 2000; Lauber, 2001; Shingles, 2001; and Walk, 1994.

The interpretive study has been designed with the purpose of enabling the certified athletic trainers’ voice to be heard through the development of a deeper understanding of their reaction to change. This critical analysis and interpretive design will examine data using methodological triangulation strategies. The triangulation of the data provides an avenue for validation, an opportunity to augment the weakness of and reduce the threats to validity of a single method (Berg, 1998). “The foundation for interpretation rests on triangulated empirical materials that are trustworthy. Trustworthiness consists of credibility,

transferability, dependability, and confirmability”(Denzin & Lincoln, 1998, p. 330). The triangulation of this study compared the interview findings through member checks, peer reviews, and the literature for processes and strategies to ensure comprehensiveness, patterns of convergence, and credibility of research (Mays & Pope, 2000).

The following research questions guided this qualitative interview research:

1. What are the perceptions of athletic training stakeholders towards change and planned change situations?
2. What are the perceptions of athletic training stakeholders regarding the CAAHEP planned change educational reform policies?
3. To what extent were planning strategies incorporated during the planned change process at the institutional level?
4. To what extent were the athletic training stakeholders involved in leadership roles during the planned change process at the institutional level?
5. To what extent were communication systems incorporated during the planned change process at the institutional level?
6. What changes or modifications are recommended from the athletic training stakeholders for the CAAHEP educational reform policies?
7. How do the perceptions of the athletic training stakeholders in regards to change and the planned change process compare on the Division I, Division II, Division III, and NAIA institutional levels?

Theoretical Positions/Research Bias

I have worked as a certified athletic trainer in the profession for over twenty years. Throughout these past twenty years, I have been involved in many facets of the profession including student athletic trainer, head athletic trainer, assistant athletic trainer, clinician, educator, and learner. My involvement has afforded me the opportunity to observe curriculum, internship, and accredited educational programs. Change has been a major factor during my time within the profession as focus continues to shift from experiential learning to competency-based educational instruction.

My undergraduate and graduate education degrees completed in Special Education encouraged and challenged me to listen, observe, question, and evaluate change in small, incremental ways. My doctoral pursuits have continuously challenged me to become a visionary, while encouraging others and myself, to find our voice. It is through this combination of educational change, leadership styles, and the pursuit of an active voice, that my study is devoted to the discontented athletic training membership.

All researchers are affected by observers' biases (Bogdan & Biklen, 1992). This investigator has professional and personally experienced the educational planned change process mandated by the NATA. Therefore, through my professional lens of educational reform, I bring a strong passion, awareness, and interest in researching and understanding my profession's involvement with the planned change process of professional and personal relations.

Through the combination of phenomenological and heuristic inquiry approaches, I have acknowledged my understandings and relationships within my national organization on the reality of change and planned change protocols. In combining the methodologies,

I am acknowledging these connections rather than trying to keep the research separate from them, which I conceive as an impossible task. In doing so, I am purposefully trying to learn from the closeness rather than becoming encumbered by the closeness. The power of combining these methods, is the strength that brings to the recognition of self-searching and the value of personal knowledge as essential requirements for the understanding of common human experiences (Kovan, 2001, p. 35).

Therefore, I am acknowledging interview bias prior to my interpretive analysis. I truly am an insider with the participants due to my experiences as a certified athletic trainer. In closing, my experiences and understandings will offer others a diverse lens of understanding, sharing, and interpreting the twenty-one participants as they discussed their analysis of change. "Unacknowledged bias may entirely invalidate the results of an interview inquiry. A recognized bias may come to highlight specific aspects of the phenomena investigated, bring new dimensions forward, contributing to a multiperspectival construction of knowledge (Kvale, 1996).

The Research Design

This study was designed to determine how certified athletic trainers responded to the planned change of the CAAHEP Undergraduate Athletic Training Education program and how their responses affected their understanding, involvement, and acceptance of the change process at their institutions. The

researcher combined a phenomenological interpretative approach and heuristic inquiry in this study.

Phenomenology is a philosophical approach emphasizing the individual's real life experiences and "is interested in finding out the meaning of a given situation to the participant" (Clifford, 1997, p.30). Through the use of interviews and observations, the investigator examined the participant's experiences at the institution and local surroundings and attempted to understand the meanings attached to the change process. Heuristic inquiry acknowledges and builds upon a direct close relationship between the research and researcher.

In heuristic research the investigator must have had a direct, personal encounter with the phenomenon being investigated. There must have been actual autobiographical connections. The heuristic researcher has undergone the experience in a vital, intense, and full way-if not the experience as such, then a comparable or equivalent experience (Moustaka, 1990, p.14).

It was the goal of this investigation to gather personal perspectives from the athletic training personnel in the accredited CAAHEP institutions on the issues and inner dynamics of adapting to the planned change protocols generated by the NATA. I planned to create a deeper interpretation of the change process as experienced by NATA members in accredited CAAHEP athletic training programs by using an interpretive design study. Robert Stake (1978) encouraged evaluators to direct program evaluation toward the concerns of stakeholders rather than the questions of decision-makers. He contended that by focusing on priority issues of stakeholders, evaluators are able to construct rich experiential understandings or naturalistic generalizations useful in creating information for program improvements. Therefore, the focus and voice of this study was

represented by the clinical and educational membership of the CAAHEP undergraduate athletic training programs rather than the NATABOC and JRC policy-making board members.

Participants

Qualitative data were gathered from interviews at seven Midwest institutions. A stratified random and purposive sampling process was initiated to select the institutions in the study. The purposive sampling was used in securing a sample on the basis of known characteristics or experiences (Berg, 2001; Clifford, 1997). This sample was directed at certified athletic trainers and institutions that attained CAAHEP accreditation or candidacy undergraduate entry-level athletic training programs. The selected institutions were chosen after reviewing the Commission on Accreditation of Allied Health Education Programs: Athletic Training web site. The selected institutions were to be located within a two hundred and seventy-five mile radius from the investigator's home. Institutional locations, accredited or candidacy information, undergraduate athletic training program directors, telephone numbers, and electronic mail addresses were gathered from the CAAHEP web site. Selected institutions were drawn from four Midwest states. All accredited CAAHEP and candidacy undergraduate entry-level athletic training programs in the four states were highlighted and mileage recorded using the web based Map Quest. The distance was selected to allow ease of transportation to and from selected sites and allow for return visitations.

A total of thirty-one institutions were highlighted as potential case study participants. The breakdown included thirteen Division I institutions, six Division

II institutions, nine Division III institutions, and three NAIA institutions. An initial letter of interest (Appendix A) was forwarded through electronic mail to all undergraduate athletic training program directors of the stratified random participants. A second follow-up letter of interest (Appendix B) was forwarded two weeks later through electronic mail to all non-responding institutions. Sixteen of the thirty-one, or 52%, of the selected institutions responded.

Eight of the sixteen institutions responded to be included in the study. All eight institutions were notified by electronic mail of their participant selection. All eight institutions were contacted by telephone to verify acceptance, discuss the study requirements, and answer any pertinent questions. The final breakdown included three Division I institutions, two Division II institutions, two Division III institutions, and one NAIA institutions. One of the final eight institutions was randomly selected as the pilot project institution.

Three certified athletic training members from each institution were selected for interviews. Interviewees consisted of the undergraduate athletic training program director, head athletic trainer, and an athletic training approved clinical instructors (ACI). The ACI was randomly selected by the undergraduate athletic training program director.

The twenty-one participants included seven undergraduate athletic training program directors, seven head athletic trainers, and seven approved clinical instructors. Sixteen males and five females were included in the study. The athletic trainers' national certification ranged from four years to greater than thirty years.

Human Subjects

Human subject approval (Appendix F) was granted by Michigan State University, University Committee on Research Involving Human Subjects (UCRIHS) on February 4, 2004. All participants were forwarded an Informed Consent Form (Appendix D) one week prior to the interview study to review and discuss. All participants were handed an additional Informed Consent Form on the date of the visitation to read, discuss, and sign prior to the interview process. Participants were informed that their participation was voluntary and could end at any time during or after the interview process.

Discussion with individual participants centered on the tape recording procedures and indicated that identities would not be revealed during the completion of the study. The participants were informed that the audio tapes would be destroyed after the data were reviewed, transcribed, and coded for completion of the study. Confidentiality was defined and assured in the initial introductory letter, the informed consent for the interview, and verbally shared with the participants prior to the interview. Participants were offered an opportunity to review the transcript of their interview and delete any responses not deemed appropriate. Participants were offered an opportunity to review final coding and content analysis themes prior to the study's final result and discussion section. All names of the institutions and participants were changed to pseudonyms in order to maintain confidentiality within the study. Individuals were assigned a change of gender related names in order to maintain confidentiality. The first names of the three researched athletic training positions

(undergraduate athletic training program director, head athletic trainer, approved clinical instructor) were assigned one common beginning letter of their first name to assist with the reviewing, consistency, and interpretation of the study. Thus, all undergraduate athletic training program directors are marked with first names beginning with letter “A” such as Dr. A; all head athletic trainers first names begin with the letter “M”; and all approved clinical instructors first names begin with the letter “D”.

Instrumentation

The interpretative interviews were implemented to further assess the understanding, awareness, and acceptance of the undergraduate athletic training entry-level educational planned change at accredited CAAHEP institutions. General concern among the stakeholders of the NATA over the past years elicited fear, support, approval, resistance, and apprehension of the planned change educational directives (Magnus, 1998; Ryan, 2002; Starkey, 2002). However, Mathies et al. (1995) did not anticipate any major impact changes for approved athletic training programs changing to CAAHEP accredited programs, except for minor financial increases and administration and faculty involvement.

“An interview is a purposeful conversation used to gather descriptive data in the subjects’ own words so that the researcher can develop insights on how subjects interpret some piece of the world” (Bogdan & Biklen, 1992, p. 96). Interviewing is the most powerful and common tool used to interact, interpret, and understand our fellow human beings (Denzin & Lincoln, 1998). The interpretive interview questions examined personal and professional voices of the educational

planned change programs from the eyes of the insider. The insiders considered are defined as the undergraduate athletic training program directors, head athletic trainers, and certified staff athletic trainers as compared to the members of the JRC-AT, NATA-EC and CAAHEP. An in-depth interest in evaluating the complexity and perception of the planned change process among stakeholders of the NATA was pursued.

A formal, semi-structured, open-ended interview protocol was created to allow the stakeholders a voice in telling their interpretive experiences and stories. A semi-structured, open-ended format using predetermined questions and guiding probes, allowed a gathering of comparable data across subjects (Bogdan & Biklen, 1992; Hatch, 2002). The formal, open-ended interview questions allow flexibility designed to gather the athletic trainer's personal perceptions and interpretations of the CAAHEP accreditation planned change procedures and the changes that resulted professionally and personally from the implementation process

The interview protocol was designed for CAAHEP accredited undergraduate athletic training and candidacy program directors, head athletic trainers, and full-time supervising approved clinical instructors (Appendix E). The CAAHEP accredited entry-level undergraduate athletic training program directors were selected because of their major involvement, understanding, decision-making, and implementation of the undergraduate program educational program design. The head athletic trainers were selected because of their past history and experiences in directing the NCAA athletic programs, future linkages between didactic and

clinical experiences, current interactions with the athletic training program directors, athletic administrative links, and leadership skills. The approved clinical instructor athletic trainers were selected due to their involvement in the CAAHEP clinical and didactic changes, supervisor duties, program direction adaptations, and collaboration efforts between clinical and didactic personnel.

The interview protocols focused on the certified athletic trainer's professional background, institutional planning and involvement with the CAAHEP accreditation process, change processes, and the perception of changes that were created by the CAAHEP accreditation process. Thirteen interview questions were created with emphasis on examples and probing techniques.

The instrument was reviewed for general wording and sequencing of questions (Berg, 2001). Berg suggests a two-step process in pre-testing the instrument. The first step is to critically examine the interview questions by consulting health care experts (athletic training program directors, physical therapy directors, and osteopathic medicine physicians) for objectivity, transferability, and content validity. The second recommended step is to pre-test the instrument with a pilot study to review, assess, and validate the study's instrumentation. The pilot study was completed and interpreted for inaccuracies in procedures and structuring of the questions. The interview transcription was forwarded to the pilot study institution for interpretive review and verification.

Interview procedures

"You must be both flexible and structured at the same time. Sometimes the best interviews come from a comment, a story, an artifact, or a phrase you

couldn't have anticipated. The energy that drives a good interview - for both you and your informant - comes from expecting the unexpected" (Hatch, 2002, p. 95).

Hatch (p.106) offered several generalizations for designing effective in-depth interview questions:

- Questions should be open-ended.
- Questions should be established in a language that is familiar to the interviewee.
- Questions should be clearly communicated, understandable, and allow the interviewee to become comfortable in sharing information.
- Questions should be neutral and non-leading.
- Questions should respect informants and presume they have valuable knowledge.
- Questions should generate answers related to the objectives of the research.

Hatch also offered several characteristics for a successful interview (p. 114):

- Follow the rules of polite conversation.
- Interview in a comfortable place.
- Plan well before the interview begins.
- Learn how to listen.
- Explore informants' understandings.
- Invite the informants to help you become a better researcher.
- Transcribe your interview right away.

The investigator conducted all interviews. The duration of the interviews ranged from forty-five minutes to one and one-half hours. All interviews were completed at the selected athletic trainers' site of employment or other mutually agreed upon locations. The interviews were formal and semi-structured in format. In order to ensure that the same questions were asked of each stakeholder, the set of questions was arranged with the intention of completing a consistent, sequential interview process. Through the process of decreasing the variation in interview questions and questioning procedures, the chance of interview bias was minimized and individual athletic trainers were free to discuss in more detail

those issues they consider to be particularly important (Patton, 1987). The standardized open-ended interview involves the most efficient and careful usage of the interviewee and interviewer's time (Bogdan & Biklen, 1992; Patton, 1980).

Prior to initiating the interview, the investigator reviewed the confidentiality agreement with all participants and discussed their right to decline participation at any time during the interview process. The consent form was discussed, explained, and signed by all research participants prior to the initiation of the interviews. All participants were asked permission for the use of a tape recorder. A review of the literature supports the implementation of a tape recording device during the interview process (Bogdan & Biklen, 1992; Patton, 1980). The tape recorder was tested prior to the interview sessions. A second tape recorder was readily available during the interview session in case the first malfunctioned.

Following the interview process, the researcher immediately reviewed the interview scenario, reflected on the questions and answering process, and transferred the interpretative findings in a journal for future contextual analysis.

Data Analysis

All responses were audio taped and transcribed following the interview process. A typist was hired to transcribe the audiotapes completed from the interview. The typist was familiar and experienced in qualitative interview transcriptions. The typist was asked to sign a confidentiality agreement protecting the participants in the study. All audiotapes were reviewed and forwarded to the transcriber within 48 hours of the completed interviews. All audiotapes were discarded once the transcriptions were verified and the study was completed.

Notes and observations were recorded immediately following the interview process.

All audio-recorded interviews were transcribed and formatted as computer word-perfect files. Data analysis was conducted combining the methods described by Miles and Huberman (1994), Patton (1980), and Denzin and Lincoln (1998). Miles and Huberman (1994) define data collection and analysis as linked subprocesses including data display, data reduction, and conclusion drawing and verification.

The investigator reviewed all data display transcriptions to ensure trustworthiness and understanding after reviewing the audiotapes with the written transcriptions. Next, the transcripts were coded to allow specific categorization and easy retrieval of the necessary data. The categories included specific pseudonym institutional names (North Western State University, etc.), divisional level of institutions (Division I, Division II, Division III, NAIA), employment positions (undergraduate athletic training program director, head athletic trainer, approved clinical instructor), with appropriate paragraph and page numbering. This data coding system incorporated a series of numbers and letters to associate words, sentences, and/or paragraphs with specific institution and institutional personnel for future retrieval. The edited and typed transcripts were offered, if desired, and reviewed by the interview subjects (appendix C) for review, agreement, and self-member checks.

The data reduction process involved reviewing the transcripts, dividing the data, and condensing them into meaningful selected segments. Selected codes and

the development of a constant theme analysis were assigned, sorted, and categorized. The analysis was reviewed constantly searching for emerging and identifying patterns during the data gathering process. The conceptual analysis led to categorization of emerging themes and relationships in search of reaching meaningful conclusions and analysis of the data. Two certified athletic trainers were selected as peer reviewers (Miles and Huberman, 1994) to review the analysis and independently code the transcriptions. The peer reviewed transcriptions and the investigators coding were charted and referenced for common themes and possible outliers. The peer reviewers and investigator's coding were reviewed, charted, and cross-referenced for similarities or disputed data relationships. Communication and discussions followed to clarify disputed data coding. The completed, typed transcripts were offered and forwarded to the interview subjects (Appendix C) for review, agreement, and self-member checks (Miles and Huberman, 1994). .

A personal journal was maintained throughout the process to allow feedback and properly address data dependability of the research design. This journal was implemented continuously during the data gathering and analysis phases in order of ensuring trustworthiness of the results and objectively confronting any perception or bias issues.

Next, I reviewed and labeled the transcripts using a start-up list of codes developed from the prior review of literature. The codes focused on the planned change review of literature. Codes were assigned, either to consistent words, statements, or paragraphs for all entries.

Next, I began to organize the data by assigning concepts and themes to the coded sections. Two specific computer word-perfect files were created. One computer word-perfect file with multiple folders was created to store all the coded words, statements, or paragraphs labeled for each assigned theme or concepts. A second word-perfect file with multiple folders was created specifically for an efficient reference listing of coded and thematic labels. Each folder was assigned to a concept or theme indicating the location of each word, statement, or paragraph grouped per the institution (Division I, II, III, or NAIA) and employed position (undergraduate athletic training program director, head athletic trainer, approved clinical instructor). In conclusion, I sorted through the data incorporating a word-perfect cut-and-paste method of these individual computer folders, labeling each emerging concept or theme.

CHAPTER 4

RESULTS

The purpose of this chapter is to discuss and share the stories of change as experienced by certified athletic trainers employed in CAAHEP accredited undergraduate athletic training educational programs. This study focused on the daily interpretations and perceptions experienced by certified athletic trainers working inside the National Athletic Trainers' Association's planned change initiative of educational reform.

The athletic trainers' experiences were diverse in years of employment, institutional organizational structures, program leadership, and institutional size. Variances continued within educational settings and institutional cultures from long standing athletic training internship programs to previously established educational athletic training curriculum programs. Facilities within institutional athletic structures varied in number and size of the athletic training rooms in comparison to the level of therapeutic and rehabilitation equipment available. The number of full time athletic training clinical and educational staff and NCAA and NAIA sponsored intercollegiate athletic teams varied per institution.

This case study involved seven Midwestern institutions. The institutions researched included one NAIA institution, two Division III institutions, one Division II institution, and three Division I mid-major and major institutions. The three certified athletic trainers interviewed per institution were the undergraduate athletic training program director, head athletic trainer and approved clinical

instructor. All institutions and certified athletic trainer's names and genders are pseudonyms.

A brief description of the institutions and the educational and clinical athletic training staff will begin our emerging stories of diverse and dedicated athletic trainers.

Institutional Introduction and Description

South Western State University is an NAIA institution with enrollment less than 1,500 students. The undergraduate athletic training program had just recently completed initial CAAHEP accreditation following years as an internship athletic training program.

Dr. Aaron is the undergraduate program director who previously worked outside the institutional environment for over twenty years. Dr. Aaron has spent less than five years at South Western State.

I had always loved teaching. South Western State was looking for someone to be a program director and I met the qualifications, just academically and culturally. And so I talked about the change with our children at the time and decided to make the move. Part of the institutional structure was that South Western had the job open for over a year because they were told that they could not pursue accreditation unless they had a full-time faculty...Administratively, there is also much to do. I mean I dove into a deep swimming pool of accreditation. And to have gone through that after-they were here in the second year of candidacy when I arrived and met all the requirements, I had to learn a whole lot and I am still on a huge learning curve. So it's been a big challenge, but it has been a rewarding challenge. That's why I accepted the job because I wasn't going to take the job if I didn't think that the institution was behind the move with their support.

Megan, head athletic trainer, had been certified less than ten years and presently has been employed at South Western State University for less than five years.

I have longevity of the group at South Western State. It was just an internship program and there were almost all the classes in place when I arrived here. We have since switched into the science department, so that was kind of a big step for us. As far as the students I think it's-the emphasis has changed quite a bit from working in the athletic training room to it being a clinical experience. I think we worked really hard in trying to implement there being opportunities for students to learn. I think my experience has been great because I have a thirst for that research and if they want to try to do something that's fine, what does the research show about that?

Daniel, approved clinical instructor and clinical coordinator, has worked for less than three years at South Western State.

I was going into premed and then transferred after one year. So, I didn't think that I was able to get into medical school from my undergraduate institution, so I decided the next step was that I was going to do athletic training and maybe then after awhile, go back to medical school, if I wanted to. I've kind of figured out that medical school, being an M.D., was not going to give me the personal interaction, being able to build and learn about people. So I eventually will probably go after my Ph.D. and move into a teaching aspect.

North Western State University is a Division III institution with an enrollment of less than 3,500 students. The undergraduate program had received continuing CAAHEP accreditation after past experiences as an athletic training undergraduate curriculum program.

Dr. Anthony, the undergraduate program director, has been employed at North Western State University for more than fifteen years.

I really discovered that I didn't think that Division I was going to work out well for me. I have a pretty strong set of values for I think the roles of athletics in college ought to be and it was just inconsistent with what I saw. I really, really like working here. I like the way in which I've been able to practice my profession here in a way that I think is authentic and full formed and functional and sort of—I don't want to say without boundaries, everybody has boundaries, but almost without boundaries. I never really saw myself as somebody who wanted to be a teacher or as an educator. But I did know early on that I wanted to be a pretty balanced professional.

Matthew, head athletic trainer, has been certified for more than ten years.

When I began working, it was outside of the university setting. Every time I saw an article on educational reform, I said to myself that this doesn't apply to me and I am not going to read it and I didn't. All of sudden I felt like I had to play catch up and say what are we now doing. That's the biggest change for me, just learning. Not relearning or not changing anything. It's just coming back into it and understanding it.

Dana, approved clinical instructor, has currently been employed at North Western State for less than five years.

My role is I am an ACI and a faculty member and teach-I teach a full load including my clinical work. I had just gotten married and started a new job out west before moving to North Western State. It was a good position because it paid more! Unfortunately, money sometimes does make the big decision that way. So, I just taught out at the university in the west. I didn't do any clinical work. I pushed myself into the training room. I wanted to help! So, finally by the second year, they figured that I wanted to be in the training room. So, on Tuesday nights, I took over for the head athletic trainer for a very nominal fee. But I did it. I didn't care. You know I was in the training room. I was with the kids that way and it was better for my teaching that I was in the training room because I got to see the kids in a different way. You know, my teaching improved because there was so much more connectivity between the students and myself and this was a much better environment my second year. But right now, I can't see myself doing anything else. You know, as long as it keeps working at North Western State, then I am going to be here. I can't say everything is ideal. I mean I think everybody would always want more time off because there are a lot of hours involved. You know I can't think of anything is to do now, so buckle up and do it.

South Eastern State University is a Division III institution with enrollment less than 2,000 students. It is a past internship athletic training program with initial CAAHEP accreditation status within the past year.

Dr. Allison, undergraduate program director, has currently worked at South Eastern State for less than five years after spending more than ten years as a program director at a west coast institution.

Prior to coming to South Eastern State, we had the charge of starting this academic program. So, I am the program director of athletic training and that's primarily it. I teach and I am constantly doing paperwork, you know fine-tuning the program. Our full time staff members thought we would get the most credibility initially in the service component. So, I spent more time in the training room earlier on. And word got around that these people in the training room are pretty hard working. The college president, who made a big deal, almost too big a deal...that paid off for us. So now I had the major approved within nine months. It was too big and we had to cut it down to fit our educational requirements, which has been a source of some problems. Then we started our candidacy at that time and everything has proceeded on course. Two years in candidacy, site visit team came in, a number of problems, non-compliance problems. The JRC accepted the rejoinder and now we are an accredited program.

Michael, head athletic trainer, has been certified more than ten years while being employed at South Eastern State for less than five years.

You know the travel, the long weekends, the summer conditionings, the agendas that you have to try to meet at the Division I level, were really starting to impact our family perspectives. And I went back to what my Division III experience was as an undergraduate and saw how that was a little bit more of a controllable situation from you know, an academic emphasis versus an athletic perspective and said would we want to entertain something like that. From my own personal perspective, the internal pressure, the day-to-day grind and drive has really been lifted and I feel like the only one that I have is the pressure that I put on myself. I am real proactive in my thought processes and it's nice to be able to control of some of that. I am willing to work hard for anybody but I like to have the last... to be in control and kind of work together as a team perspective.

David, approved clinical instructor and clinical coordinator, has been certified more than fifteen years. His past work experiences involved recent athletic training employment outside the institutional environment.

I worked for the first two years in complete and utter denial, not denial, but oblivion of what undergraduate education was all about. From my past undergraduate experiences, it was all internship, so it was so different. So what I really did here was I worked first two years in the service component, helping out in the training rooms, putting in lots of hours, traveling, being an athletic trainer in its traditional sense. Now, I am thrown back into teaching and clueless about the amount of work that was needed to be done yet, like the competencies. But the competencies had

not really been addressed. So, the program director had a global look at these competencies that would be fulfilled in this class and that class. But the nitty-gritty of how we are going to check these kids off was not done. And for the last two years, I have worked my fanny off trying to get that done and I think we have done it.

North Eastern State University is a Division II institution with an enrollment of less than 10,000 students with recent initial CAAHEP accreditation status after years of an internship athletic training program.

Dr. Arthur, undergraduate program director, has been employed more than five years at North Eastern State University. Dr. Arthur initially had early career aspirations of becoming a head athletic trainer.

When I got out of graduate school that quickly changed and I realized that I loved to teach, I love to work with the kids and educate them. It just led to me going into the education side. And when I moved here years ago to take this program from start to finish under the new standards, which was amazing how different it was. The old standards of accrediting the program were easy.

Mark, head athletic trainer, has worked less than ten years in his current position.

Athletic Training is a competition for me. When an athlete gets injured, I love the competitiveness of getting somebody back to play. I am a caring person. The hours are very, very difficult. I average eighty hours a week. With eighteen sports and over five-hundred athletes, I have only one full time assistant athletic trainer. The two academic certified members act as an overload system, but they teach a full load of classes so it is difficult to get them down here to have in the training room. For my first four years at North Eastern State, I was by myself-no other staff. We had fifteen students. The biggest challenge was trying to convince the higher ups on campus that we needed additional staffing. The second biggest challenge was trying to convince the department chairs that we needed to go the accreditation route.

Dominick, approved clinical instructor, has been employed at North Eastern State University less than three years.

It's like a new little challenge getting to know everybody and the coaches. Getting to know everybody's different personality. I think the main challenge right now is supervision, because we are shorthanded. It's Mark and I and twenty-five students. Trying to have ourselves in the training room and out at practice, so the students aren't left alone, is very challenging."

Southern State University is a Division I, mid-major institution, with an enrollment greater than 20,000 students. Their past experiences included an athletic training undergraduate curriculum and currently received initial CAAHEP accreditation status.

Dr. Alan, undergraduate program director, has been certified for nearly fifteen years.

Through my master's degree process, I really fell in love working with college and undergraduate students. My first professional position in terms of responsibilities broke down to about 90% teaching, 5 % service, and 5% scholarship. It didn't take long to realize that I wanted to do more... I wanted more responsibility and wanted to do more. So I started after four years... well that program was not accredited as well and so I established that program. We got it accredited while I was there. And kind of in a way that was a marketing approach for myself that I now had done it and been through the entire process from start to finish.

Marco, head athletic trainer, has been a certified athletic trainer for over twenty-five years.

Now we are a staff of four fulltime with three under me; one as an associate and two as regular assistant positions and four graduate assistant positions that would cover the athletic program here. There has been a major increase in staff from when I started and each year fighting for more and more positions. I think the program director and myself have similar personalities, you know the gist of it is to make sure it is the right thing to do and advance athletic training.

Daryl, approved clinical instructor, has been certified less than fifteen years. He has been employed at Southern State University for more than ten years.

Our curriculum when I first got here was an internship route, now it's an accredited program. Now I am an ACI and beforehand I wasn't and you know my role as an ACI is a lot different than what it was before and now I am actually responsible for an official-or a grade-an official grade, and that- that's probably- from an academic standpoint that's probably one of the biggest changes that I've had, being an ACI versus not being an ACI.

Northern State University is a Division I mid-major institution with an enrollment greater than 20,000 students. Past experiences include an athletic training undergraduate curriculum and had been recently granted continuing CAAHEP accreditation status.

Dr. Ashley, undergraduate program director at Northern State University has been certified for more than twenty years.

This program has been either NATA approved or CAAHEP accredited for a long period of time. We've been at it a long time and we've never been at it from the standpoint of I need to have a bunch of bodies to work football. The idea of an athletic training education program is not to cover athletics. The idea of the athletic training education program is to train people to be athletic trainers and if I use their athletics as a clinical site, it's still to train this individual and allow them to practice the skills they've learned in a class in a clinical setting.

Murray, head athletic trainer, has been certified for more than twenty-five years while serving as the head athletic trainer at Northern State University for more than fifteen years.

A lot has changed since I began at Northern State University. But, you know, you go back to-you still do the basics. So now it has changed drastically and for the better, for the better. The athletic training profession now is so much more professionalized in terms of being an accepted medical-in the medical profession. Every year, that I've worked... maybe with the exception of a couple days the last year itself wasn't very pleasant...But I have never-at that particular time, I remember distinctly that I would come to work early in the morning at five-thirty...dread what I was going into and I thought to myself driving down the street, how much longer am I going to do this? What can actually happen here? But those feelings only lasted for a few months. But the rest

of the time I get up looking forward to going to work. You know I don't dread coming in. And as long as I feel that way, I'll continue doing it.

Dwayne, approved clinical instructor with newly appointed administrative duties, has been certified less than ten years.

I pretty much came in as an assistant, kind of functioning under the current regime, if you want to call it that at the time. Two people that were here for a long time, things were done one specific way in a relationship that was fostered with a curriculum, the directors-there wasn't- it was pretty much non-existent. The relationship between the athletic department and the curriculum, the directors-there was not a lot of communication and not a lot of positive interaction. It was-we exist, you exist, we both know we have to exist, therefore we have got to find a way to exist and get along. And a lot of that has changed for the better.

Midwestern State University is a Division I, major institution with an enrollment greater than 25,000 students. Past athletic training experiences include an internship athletic training program with recent initial CAAHEP accreditation status.

Dr. Alice, undergraduate program director, has been in her present position less than five years. Her previous experiences included three years at an east coast undergraduate athletic training educational program prior to her work at Midwestern State University. She has been certified for more than ten years.

I think the biggest change we need to make is that we need to get away from process and move to outcome. And I think we need to say no. You have programs to come in and out of their site visit with 20 or 30 citations out of 62 standards and who do you see getting accredited? They are letting people make it through-the old standard is you need to be allowed through with a C grade to become accredited. And I think we are letting some C minuses and D's through the cracks. And in term of accreditation, the biggest thing we need to do is get rid of what I call double secret regulation. We have a set of standards and guidelines. In addition, we need an interpretation manual to tell us what those mean and we still have things we encounter that you don't find in either place that you get credit for. I think we need a clear set of here is what it means.

Maurice, head athletic trainer, has been certified for more than twenty years and in his current position for more than five years.

Ten years ago every student, every staff person, wanted my job. They all wanted my job. Now nobody does. And I can understand the staff not wanting my job. They see it. But our students don't want Division I athletics. And it can't be the money because they don't know what anybody makes. But apparently they must look at the hours or they look at what they have to put up with in coaches and athletes. Maybe the fact that they go see high schools and- I mean they go see a different environment and it's like you know what, somebody said please and thank you or I don't have to work on the holiday. I mean there is something out there that they feel is different or better than Division I athletics. If you talk to anybody in our business at the Division I level and you hear it over and over again. That's a bit of a concern because this is not an 8 to 5 job and the pay is good, but it isn't maybe what it should be.

Don, approved clinical instructor, has been certified more than ten years.

I spent five years...at one point I had eleven sports to oversee. So it was tough. It was tough. And after a few years, I said look, I either-I can't do this. I was overseeing eleven sports and barely keeping my head above water, just trying to keep everything covered. It was almost like I didn't have a chance to go one on one with the athletes. I just maintained-I would be supervising student athletic trainers. I was maintaining a certain level. My day was all over the facility. So, I moved over to this other training room and facility for two seasons before sliding over to my current sport in a different facility. I mean you know it was nice in that I finally got to get back my clinical skills a little bit.

Table 1: Institutional Names, Levels, and Certified Athletic Trainer Personnel Interviewed in Study (1)

Institution	NCAA Intercollegiate Division	Undergraduate Athletic Training Program Director	Head Athletic Trainer	Approved Clinical Instructor
South Western State University	NAIA	Dr. Aaron	Megan	Daniel
North Western State University	Division III	Dr. Anthony	Matthew	Dana
South Eastern State University	Division III	Dr. Allison	Michael	Daniel
North Eastern State University	Division II	Dr. Arthur	Mark	Dominick
Southern State University	Division I	Dr. Alan	Marco	Daryl
Northern State University	Division I	Dr. Ashley	Murray	Dwayne
Midwestern State University	Division I	Dr. Alice	Maurice	Don

(1) Names of all institutions and individuals are fictitious

The Change Reaction

The National Athletic Trainers' Association planned change directives forced its stakeholders to implement new policies, adjust time management skills, refocus clinical skills, shift thought processes, and adapt to change within their daily professional lives. The following section illustrates the early awareness and development processes of change throughout the athletic trainer's life. The perceptions and deeply engrained assumptions of my interviewees were expressed in a way that captures their true feelings on change through listening, sharing, and understanding of their inner thoughts.

Several concepts and themes emerged such as mental model development, change definitions, initial responses to change, and coping skills used in change situations. The data and themes will be discussed within the following section of results. Responses and themes will be categorized under the research questions created for this study. A summary and discussion will follow in chapter 5.

1. What are the perceptions of athletic training stakeholders towards change?

A Defining Moment for the Development of Mental Models

People are affected by change early in life. The reactions and adjustments we develop are created by observations and happenings during our developmental and formative stages within our lifetime. Many of us create change models from past experiences in social or professional work environments. Senge's (1990) definition of a mental model as "deeply ingrained assumptions, generalizations, or even pictures or images that influence how we understand the world and how we take action" are powerful interpreters of an individual's decision making process.

These mental models according to Johnson-Laird (1983) and Senge (1990) represent an individual's interpretation of life, perceptions, changes, communication, and ultimately the decisions affecting our active participation in our environment.

Family and Early Life Impressions

During the interview, most athletic trainers shared personal experiences they felt affected their reaction to change today. This section allowed an understanding of the mental make-up and personal feelings of the professional health-care responder. The emphasis on family and the description of early personal happenings created an influencing response for future change.

Dr. Aaron described how his response and model to change was influenced early in his life by significant family happenings.

I think there are things early in my life personally, just you know as a little kid, my father died when I was nine. So my mom had to make some drastic changes. She had never been a college student. As an adult woman with five children, she had to go back to college. That was my most important lesson on how you adapt, how you go with it-how do make a change that is going to keep things viable in your life. And with her going back to school, that required all of us to change. I think we became-working within the family structure became-we communicated more, we had to understand what our roles were more. We needed to make sure that we adapted to those roles and if we couldn't make it work, find out, communicate what we needed to do to get help. So those things early on and I think beginning to realize- helped me to understand me-you know that change does not ever affect one person. It affects the group or some other derivative number. However, it never affects just one person.

Megan's personal change assumptions were derived from her family's moving at an early stage of life and created coping strategies from these experiences.

I think moving at the age of fifteen, when you've lived in one place your whole childhood, as a sophomore in high school is a difficult change to make. And I think that was really difficult and I had to learn about

adapting to new people, new situations, new area. So I think that taught me a lot about change and how to accept that and how to prosper in those changes and look for the positive.

Matthew professes a similar approach and reflection on how he developed his strategies with change. Matthew alluded to early exposure in life with a professional influence from past mentors and leaders.

I reflect on my own life a little bit. I think from birth with my parents, jobs that had, people that I worked with, going through college, kind of set me up on how to handle things. I know the gentleman I worked with out west was very good at teaching me what battles to pick and what fights to pick and to choose them wisely. One's that weren't going to make that big of a difference don't fight those. Find one that you are going to fight, if you are going to fight one, make sure it's big. I learned more from him later in my career.

David noted he had a small amount of change while growing up. He noted how he had little concern about decisions and change later in his career.

We stayed in the same house until I was 21 and then my folks were transferred when I was in college, so I had very little change growing up as a kid. But when I went to graduate school, oh you could call me and say you want me to go to Florida and in fifteen minutes, I'd say sure. I was so into living life. I thought I would go anywhere for graduate school, I thought I would go anywhere... I'd go to Arizona, New Mexico, didn't matter, I was there.

However, several athletic trainers noted a shift in thinking and change due to personal influences such as marriage or the start of a family.

I think it's a combination of many things. I think probably personally more than professionally, because I think that you know really when you are married and with a family, you really have to be able to juggle and do a lot of those things. I think that probably, I'll use the word...not pushed me, but exposed me or opened my eyes that you really-there's some different ways to do some things and that if you continue to do everything like this, then this could be the result. Or if not, this kind of thing will end up happening.

David concurred with his shift in risk taking and that it was a major change in thinking due to the affect of his personal life and family.

Kids grounded me hugely. You know I used to white water raft, I used to sky-dive, anything, any thrill seeking fun moment I could and I did. Then kids came along and it was just a serious grounding experience of I need to mature. And then I can't be yanking them around and you know I don't take risks anymore. My family needs me too much. That's probably the biggest change in my life that made me more conservative.

Dr. Anthony's life and change processes are built upon a foundation of balance, which includes personal developments such as family, health, and faith.

Obviously, the personal side of my life has to do with faith, which has to do with family, and which has to do with general health, mental health and physical health. Those things had to be in balance as well. Those are kind of the framework that I like when I get out of balance somehow, usually you can spot where it is and I try to rein it in and use that type of power to operate in life.

Faith and the Effect on Personal Change

Faith and its interpersonal effects on adapting to change were shared by the certified athletic trainers. As Dr. Anthony's expression of faith and a need for balance in life, Dr. Allison, Dr. Aaron, and Megan all expressed the value of faith in their lives during challenging times and change situations. All shared their thoughts on how they were able to cope and adapt with changing situations.

I think personally that's where some of my coping scenarios come into place, is it—some of my standards are based in my faith. That I don't yield much when I see something that is immoral, I think is immoral. It needs to be dealt with in that realm. And not from a standpoint again, that I think as a Christian I can say well you know—and the example that I believe Jesus gave us in the Bible that Jesus showed that he still hated sin, but he didn't hate, he still loved the sinner. That individual type process. (Dr. Aaron)

I think living through it, either living through change and when I become depressed or struggling with it, maybe at different times earlier in my life, and it still hits me sometimes now. Then I got back to my spiritual beliefs. I've been blessed by God and he's opened my eyes. I consider myself a

good old conservative Christian girl. But the more I study God's word, the more I can apply it to life and the more I can deal with life much better. I think that I am even a better giver back to life because of that...there is a master plan beyond what we are living right here. (Dr. Allison)

I think having a relationship with Jesus Christ helps me to be able to know that God is in control of a situation and that you know I can do so many things, but there is still God of the universe that has got a little more power than I do that is going to control a situation. So just trying to take those in stride and knowing that-and having hope of Him knowing that he has got a plan for me. And just trying to go, okay, this is what my situation is now, how can I see the positive of it or what am I trying to-what needs to be taught in this situation or what is God trying to teach me? What can I learn from this situation? It may not an ideal situation, but you know I need to learn from it and what can I do with that. (Megan)

Dr. Aaron's model of change offered a premise to his decision-making model. He shared his views from a moralistic model with a choice to follow one direction or another and to accept the consequences.

I have pretty strong standards on most moral issues and things that aren't morally guided. I think that we see change as being and coping with the things that you know, speed limits change because they need to control safe environments. That's just a legalistic type of application. But to me you either make the decision to cope with it or you want to pay the consequences. You either cope or you've got the consequences to pay.

Personal Awareness and Professional Development

Professional development was created through the opportunity for athletic trainers to grow in both a personal and professional way of life. Professional balance in life was common theme during Dr. Anthony's interview. However, Dr. Anthony had learned early in his career what values and mental models would guide his professional career development.

I did know early on that I wanted to be pretty balanced professional. My view back early in my career of what a balanced professional was in an university or college setting was somebody who was an excellent clinician, somebody who was an excellent teacher, and a person who was

also a scholar, who could contribute to the body of knowledge someday. Finally, the fourth piece of that balance was somebody who contributed to the profession through professional service to professional organizations. Those were the four components that I saw as being critical to achieving professional balance. And that's just the professional side of my life.

The philosophical thoughts on change began to take shape with Dwayne and Daniel's opposite models for change. Dwayne noted how a continual need to grow is necessary for personal and professional growth while Daniel felt his change model is fairly set due to his flexible personality.

I think, you take as a person, if you are willing to take a little bit from everybody, you grow more professionally. If you are set in stone and set in your ways, you are really not going to grow personally or professionally. (Dwayne)

I don't think my philosophy is going to change much more. I think it's pretty well set that you know I am a pretty flexible person and I can deal with a lot of things. I may not understand and question for a few days, but then I'll be like well, all right, this is got to get done, go ahead and do it. (Daniel)

However, David reflected on how his aggressive nature early in life has now changed towards a more conservative label.

I'm probably more conservative than I used to be. I used to do anything, try anything, go anywhere on a dime. Now things are a little more overwhelming for me. I think through it all, I think I was more spontaneous. You didn't think before, I just would do it. That's where it's gotten a little harder.

The Perceptions of Change on Daily and Professional Living

As the interviews progressed, the athletic trainers began to feel more comfortable in sharing their assumptions on change. One concept that emerged early was the model regarding those assumptions created in response to the concept of change. These assumptions elicited early thoughts and reactions on change.

Dana and Marco reflected on the models of the perceived change within their lives.

So I think professionally and personally and anything that I do with my life, I hope that when I do make a change that it is for the better. Now, not all the time it's not, right? And that's how you learn through your mistakes. But I think that's why you change things. (Dana)

If you sit back and say it will never change, then it won't. And there are a lot of people out there that that's what they are saying. (Marco)

Daryl and Dr. Anthony's assumptions on change reverted back to comments or signs from prior experiences. They felt change can be interpreted as a good or bad situation.

I guess it all depends on what the problem is. I think change can be good and change can be bad. One of our administrators, his comments were that everyone wants progress but no one wants change. And I've always that has kind of stuck with me. That and don't confuse effort with results were his two kind of little mantras. And I've tried to kind of take with me that don't' confuse-everybody wants progress but no one wants change. (Daryl)

A sign that I saw says "anything that I ever did that was worth a damn, I caught hell for." So you have to try and balance that sort of philosophy with the ability to masticate yourself, because you could end up making bad decisions. You know spending lots of time and lots of money and lots of process and kind of using idiosyncratic credits with people that you work with if you give yourself too much about what reality really is. (Dr. Anthony)

Change seems to be accepted as a common fact of life for many athletic trainers. However, most feel that you need to adapt to a situation with a plan to proceed in the right direction in hopes of establishing a meaningful change.

You can either embrace change to say this is a life and adapt and say this is-I'll take on from this particular-you tell me where I've got to go and I'll decide what I can do with that, how I can adapt to it, how it fits this program, what parts that you are telling me will not fit and how I can get around those. But I can't stay in one place, because otherwise I am going to be dead. (Dr. Ashley)

The definition of change for you, but I think it's finding a path, going along a path and dealing with the variables along the way to still get you to your ultimate endeavor. (Michael)

I think if you don't anticipate that you are going to have to change to meet other people's needs, and that's not being a pushover, just certainly realizing that you have to get along in the world with the way other people feel. (Dr. Aaron)

Matthew shared an interesting comment regarding change and professional identity. His comments focus on the need to accept change in one's professional identity development and concerns for their emphasis on professional identity.

I look at individuals who create so much identity by what they do versus who they are. That's the difficult change...away from that...once that's taken away from them, it is quite devastating.

Change can have a similar effect on highly motivated professionals within the athletic training profession. Dwayne has changed over time through an understanding of his personality. Meanwhile, Dana and her motivated personality, has learned to cope by listening to her learned assumptions and change models, "her gut", in most change situations.

I think eight years ago when I took this job my first thing with change was an immediate over-reaction. Because of my personality, I'm a go getter type of person and when I saw change it was-if it wasn't my idea, I didn't like it. I think now I see change as okay...I take a step back and say okay the change, number one, how is it going to affect me? How is it going to affect the program? (Dwayne)

I'm a very motivated person and I've been told that. But I think that, because I think sometimes there are not enough motivated people around. So I'm just going to stay my motivated self until when my gut tells me that you know, I need to be a little hesitant about a certain change, then I tend to listen to it and I think a lot more about things. I do like to have facts and thing right out in front of me, but I do also make a lot of decisions on my gut feelings. And you know all the time, maybe that is not the best way to go. But, it's not like I am in dire straight here or anything. So I have been told that maybe being a motivated person isn't a

good thing all the time, especially in the job that I have. But I say why not? I deal with people and people are emotional and if you don't have an emotional knot in your body then you shouldn't be dealing with people. So, I will just stay making my, you know, emotional-no, not so much emotional, but my changes and decisions on my gut until something else-my gut tells me that I shouldn't. (Dana)

Dr. Anthony, with over twenty years of experience, shared his story on how specific circumstances with athletic trainers and coaches shaped his current assumptions.

There was just a whole different atmosphere. There was also a whole different atmosphere of cooperation and mutual respect between the athletic trainers and the coaches that really went both ways. I was dealing with coaches that really were educators and they really appreciated-I was very young at the time and very naïve and very inexperienced and they really welcomed me as a member of the staff and they listened and sought out what I had to say and respected my advice. And so anyway, that was-that just really made an impression on me. I told myself at that time, you know I think that at some point I am going to want to get back to this kind of environment.

Dr. Alice learned from her past background on how to transfer her learning into change strategies as she discussed her early struggles as program director.

I think I learned a lot from problem solving. I learned how to see a problem, break a problem into its components and look for the weak link that you can attack first. And that's sort of how we approach research problems. Being a researcher, that's sort of how I approach other problems as well.

General Definitions of Change

How would you define change? This question was posed to the athletic trainers as they searched for answers to a seemingly simple question. An individual has to understand his or her own personal assumptions and terminologies of change issues prior to decision-making opportunities. Without an understanding and common starting point, accepting and preparation for

change may be difficult. Prior understanding of Senge's (1990) definition of mental models as "deeply engrained assumptions" contributes to the need to examine our mental models prior to developing a personal awareness in resistance to change issues.

The definition of change can take on various contextual meanings to individuals. It could be seen as positive, negative, different, or a just a reality in life. Many spoke of change in general terms. "Change...it's challenging," Dominick states. "I think it's adapting to different circumstances from the standpoint that adaptation or change, indicates that there has got to be a structural or a functional adaptation," Dr. Aaron responds. Don simply states, "I think I might say change is just evolution."

Daryl's book definition on change is fitting for his personality. "Change is the difference from one thing to another. That's just the actual—the book definition of change, something is different one time to the next." However, Dr. Anthony informs us of deeper thoughts on change and his assumptions on conflict. "Well I can give you a rather theoretical definition. And that would be one that is kind of a pessimistic viewpoint, but I also think it's kind of realistic. In change, I think at one of its most basic levels is kind of organized and creative conflict."

A Push Toward the Positive

Several athletic trainers, Dana and Daniel, defined change as a positive reaction to situations or a moving forward. David and Don, meanwhile, were fairly forward in their responses. "So for me, I think change is pretty healthy. I enjoy change," said David. "For me, change is—I think it's good. I embrace it."

Athletic trainers are a membership of health-care specialists who are involved in overcoming acute injury and trauma situations. The planning and preparation needed most often lead to safe returns to normal activities for their patients or athletes. Positive outcomes are a constant goal for most of these health-care providers. Therefore, it is no coincidence that athletic trainers place a positive spin and look for improvement on the concept of change.

Dan and Dana supported change as positive pursuit and outcome. Both are approved clinical instructors at various institutional levels.

I always made changes thinking that it was going to be better. I don't think we ever make changes thinking that well this is going to make my life a lot worse, you know. So I think in making all of those changes, I was hoping for something better. The grass is always greener, right? (Dana)

Change is an improvement to make things better. Change would be reevaluating the situation and just coming up with a better process or a better way of doing things. I don't think that the goal would be to not get better. I think the result may at times be a negative. But the goal is always going to be trying to be a positive. (Daniel)

Dr. Alan's definition of change is ongoing with a pursuit for improvement. It is either driven by inner or outer variables with one goal in mind.

There is the other type that I think you kind of bring on yourself and that you are not entirely satisfied with the situation and you work to improve and make it better. I think I would define change as kind of ongoing adjustments toward improvement. You know we strive for perfection and along the way we probably hit on being pretty good.

Directional Change Patterns

Change refers to never staying the same or moving towards a specific direction. Most of our athletic trainers seemed to agree that change should be viewed as moving in a positive or negative direction, depending on the situation.

Well change I guess when you proceed along the line, you're not going in a linear direction that continues the same thing, the same policy, the same statements that you've been doing before. You recognize that there are new things, new ways of doing things and you have to adapt to what those things are. I am a believer in the phrase lead, follow or get the hell out of the way. Because if you don't do one of the first two, then you are a deer in the headlights and you are going to get run right over. And that's not productive. (Dr. Ashley)

Change is going in a different direction, whether that be—you can either have positive change or—positive or negative change. (Dwayne)

Change I would say is just doing something different than you've been used to doing it. That can be negative, positive or negative, depending on the situation or the people. (Marco)

The Constant Push to Maintain Balance and Change

Kurt Lewin's (1951) force field analysis states that in order to maintain a balance, resulting forces are constantly pushing against one another. In short, to maintain this equilibrium, both restraining and driving forces influencing a change decision must maintain a balance. The following group of undergraduate program directors and head athletic trainers shared their views defining change. Their assumptions centered on outside variables forcing them to move away from one location to another for a change to take effect.

My definition of change is defined as being where you are, being where you need to be, and figuring out how to get there. That's sort of the way that we've tried to look at it, both professionally and then personally within my own life. (Dr. Alice)

I would say my definition of change would be a move away from what has been established as normal for that particular individual whatever that may be. But I think change—anytime something has changed, the way that I look at it is that it's been either had to, it's been forced to. I realized it was important to move away from what I have considered to be normal or standard practice. (Matthew)

Change for me is you've been—you've got a plan in place and all of a sudden you have to reevaluate that plan because there is an external variable that says we have to accommodate and we've got to look at your process and adapt to this new concept. (Michael)

Change can be described as forceful in nature. Dr. Alan describes his designed types of change similar to Lewin's (1951) constant driving force. "So it's kind of the ongoing change versus the abrupt forced type to change."

Change: The Concept of "Just Being Different"

Two approved clinical instructors and two head athletic trainers could only describe change as being different in abstract situations. Their description of something that was different focused on the intangibles such as emotions, situations, or a multitude of variables.

Change I guess is something that is done differently than it has been done in the past or a circumstance that lends itself to different situations. (Megan)

Change is being different. I mean just kind of something different. And you know you can either take it in the positive direction or a negative direction. (Dwayne)

Daily life at one institution. I don't know, just the being able to either refocus, being able to look at things a little bit differently. Being able to recognize that things around you are different. It could be people, it could be things, it could be situations, but all those things change. It could be personal. It could be professional. It could be situational. So it could be one of them or all of them all together. (Maurice)

Initial Response to Change

When asked about their initial response to change, several head athletic trainers were very forward with their thoughts. A slight reluctance entered their voices as they talked about hesitancy, apprehension, and pessimism with change in their lives.

With change, personally, I'm guarded with change initially. Change can be good. Change can be bad. But again, instead of being very reactionary, I'm open to change and now—but again, very guarded. (Mark)

And you know sometimes it's—I mean I will get frustrated and sometimes I will just be—I won't cope well. I can't live with that. Sometimes I tend to wear my emotions on my sleeves so I tend to get really quiet and- (Megan)

I think there is a little bit of apprehension, okay how is this going to impact me? What's this—how is this going to turn my life away from this normalcy that I feel comfortable with. And also possibly an opportunity on the flip side as you think about it, hey maybe this is something for the better or as a way to improve. So I approach it with—I approach change with caution. I am open to it because I think as things change you can improve things, but yet sometimes those things change and it can get worse. So I approach it with caution. And I would—unfortunately, I think I would have to say that I would approach it more with the glass half empty persona versus the glass half full. (Matthew)

Megan, meanwhile, stated that she was much more accepting of change if she received an explanation on the reason for the change.

I think that I will—it may take me a while, if someone explains to me the positive outcomes of what we see in the long run, what it is going to be, if I understand why the change is happening, I'm much more understanding of—I'm much more supportive of it. If I don't understand why and I feel like it's being brought down and this is what is going to happen now, then I have a much more difficult time with it.

Maurice shared a story about a situation early in his professional career. He described his initial reactions to change and how he has learned over time to cope with these experiences differently from a combination of personal and professional relationships. Maurice reflected on his role as an assistant athletic trainer and the responsibilities he accepted with this role years ago.

I think I've gotten better at reacting to change when something new is thrown at me. I think a lot of people would say that probably early in my career I was not real good at it. I don't like the word rigid, but I think I probably was a little bit more, you know, the world was very much black and white and it was like this way or this way and you know on and on and on. An example with me years ago involving my rigid reactions or

the black and white model I developed probably involved the student athletic trainers. Probably student trainers would be a good example. It was like I don't know, kids would be late, kids wouldn't do this, kids wouldn't do that, and it would be like the head athletic trainer...didn't want to do it and nobody else would want to do it and so you would be the hammer. And it was kind of like—I think you've probably taught a lot of people and you kind of grow in your career and there's always this good cop, bad cop and whatever. And there are still students today who will tell stories at functions and it's like unfortunately they are true, but you're like god, did you really act like that? And probably now you realize or I do, you can get the same result, it doesn't mean you are soft or they are getting over on you, but there are some different ways to handle some things without being this just kind of black and white or the highway kind of thing. But I think I've learned over the years that you really do have—there are two sides to every story. You really have to look at the whole concept. I think my personal life has changed that a lot, you know with marriage and children. I think it makes you—I mean there is no constant. And it's not black and white. So I think some of that has bled over professionally a little bit.

Three undergraduate program directors responded with a consistent critical thinking and reflective attitude in their initial response to change. All three expressed the change situation through the lens of a researcher looking for answers to “why” and “what” in hopes of devising a plan to assist them through this process.

I think my biggest thing is why. My first question may be why. Why is change necessary? What is it about it that is not working? So I need to understand the background of you know why we see a need for this. (Dr. Aaron)

My first reaction might be for the blood pressure to rise a little bit, but over the course of—it may just be an hour or it may be 24 hours. And you have time to absorb and reflect on that a little bit and pay attention to the reasons for the change and what's coming forward and why this is being mandated, if you will, that it becomes more personal and then you can kind of adopt a strategy that is going to work to accommodate the change in a timely manner. Well I like to have a period of reflection. And oftentimes—and I was taught this by a curriculum director years ago, that if you react too quickly, it is very likely that you will either make a mistake or you will burn a bridge or something like that will happen. And so I tend to absorb it. (Dr. Alan)

My initial reaction to a change is why. Why the change? What is the goal of the change? And then I have to decide if I agree with that goal or disagree with the goal. And I think that is going to guide where I am going to go from there. If I agree with what the end goal is, then I start looking for okay where are we, where do we need to get? What is going to be the most efficient process to get us there and what is going to allow me to gain the most support. (Dr. Alice)

Reactions to Change

Matthew reflected on his reaction to a past professional change experience. He shared the personal and professional adjustments implemented by this change experience. As Matthew spoke, his voice took on a more determined and serious tone as if he was seemingly reliving the past employment frustrations. Matthew's experiences focused on a previous coaching change and the effects within his environment with the coping mechanism implemented during this situation.

Usually with a new coach coming in, you know, you never know what kind of relationship or what kind of power or authority they've been given by the ownership as to whether they can just come in and you know eliminate jobs, including mine. Or whether we were going to be basically protected by the ownership and viewed as a staff person versus a coaching sort of position. The change that—you know again, like I said, we had a lot of the coaching changes that occurred and I just had to rest on the fact that I was doing the best that I could do, given the circumstances or the situation and I would hopefully be able to adapt and first of all, hopefully that would be good enough for the new person. And if they asked more-for more or for additional things, that I would be able to accommodate those in order to maintain my job. For example, Coach L. came in and you know he said hey, I've heard that in the past you've had a bunch of guys injured. We are not going to have that anymore. Like he had control over that. But he just said we are not going to have it anymore. We are going to turn the temperature down in the athletic training room. We are going to make this not a place where people want to hang out and talk. When they get prepared for practice, they come in and get their stuff, get their pre-practice treatments and taping and get out. I don't want them to hang out in here. So we are going to turn the temperature down and you guys kick them out if they are not in here for any reason, get them out of here. So that was a change versus the previous coaching administration, which the athletic training room and the locker room were places where a lot of

community took place. Players were enjoying each other, spending time with each other in these locations. If somebody was getting treatment, another player may come in and just talk to them, hang out with them, whatever. It's not going to be allowed under his—you know. So that was just his thing and- So, I pretty much went along with it, because of the fact that my job security was held over my head. That's why I decided not to. It wasn't explicitly said, but it was very much implied that, hey, this is what we are going to do. This is what I would like to do. This is how I operate.

Don reflected on his initial reactions to a change that he felt was unprepared for in a recent unplanned session. Don's coping skills and focus on the purpose of his role with the student athlete reflect his mental model of change. "I like change. I don't want too much at once. But I think change is very good. It keeps people on their toes".

By the time school gets out and you are done with convention and camps and all of that, you've got all this time. So I had everything planned. I had all right, Monday...I am meeting Matt at this time, John at this time, and so on. Anyway, I have it all planned. I have vacation planned. I have got weddings to go to. Everything all set. And God bless him, our operations director, changes everybody's study hall. He changes four classes. He gets three guy's jobs. This all happens on Monday. So what can I do, I can bitch and moan. I can say well you know what, if I'm a jerk, I can say well you guys might not even be here in four weeks. Do you know what I mean? And say we are doing this and that. And I decided then it's like you know to be low key about it and realize that you know what, what I'm doing to my plans, it's not really about me, it's about the student athlete. It's about my kids. Those are the ones that I need to be thinking of and concerned about. And I think to me that was one way—you know you keep good focus, you worry about the kids, because essentially that's what we are doing here. I mean we are taking care of kids, you know the educational component. So I said okay, I just got my planner out, did this, did that and you have to adapt and adjust to it. So I think that's—and that was helpful to me though because we have team meeting, I had to like be organized because you know how-we rarely get together as a group. So I may not see these guys again. Cell phones are disconnected, apartment phones-what apartment phone, you know? Well I had this. I had that. You know exactly what I'm talking about. So if I wasn't planned and ready for change and have this—I mean it would have taken me a week to get it all organized again, you know with team meeting on Monday night—yeah,

Monday night after he changed everything, I was able to just adjust everything.

Mark offers a different perspective on his skills and techniques in coping with change. Mark's role as the head athletic trainer was greatly affected by the CAAHEP planned change implementation. Mark had directed and oversaw his internship program for many years prior to the hiring of a new undergraduate program director and North Eastern State University's accreditation. He has struggled with the process and role changes within the administrative structure.

It's all to the positive, but I think it's a personality thing for me. I mean I've been here for so long and now being stripped of certain responsibilities has been very difficult. I can tell you this though, one of the...I've become a frequent listener to—I bought the audio version of "Who Moved My Cheese?" It's all about change. And I take that on road trips with me all of the time. And I plug that in during difficult times when changes are tough. And I've realized a lot of the changes I have to just deal with. It's hard to define change. I mean it certainly has its pros and it certainly has its cons. Change is very difficult for me.

Three undergraduate program directors shared details on their skills and development of responses with change. Responses ranged from developing an understanding for the change, not becoming emotionally tied to the position, to observing past mentors on their handling of change. All had developed a plan to handle change situations with individual coping mechanisms and past experiences.

So I need to understand the background of you know, why we see a need for this change. And then after that I think it steps into well how am I—what's my role fitting into this change? How will it directly affect me first and then how do I impact—if I've got an administrative position, how do I impact or pass on that change or delineate it or just put it forth to people that also have to go through the change and affect. So I need to look at that. (Dr. Aaron)

I tend to not be emotionally tied to this. Very rarely do I take things home with me and stew about them. I only have a two-minute drive from here to my house and that's enough time for me to take off the program director hat and put on the dad, the husband, the homeowner and so forth. And I just don't want to mix the two together. There was a time when I did that, probably more so when I was at the smaller school because it was more of a community atmosphere than it is here. But I think I like this better. (Dr. Alan)

I don't know where I developed my ideas regarding my responses to change. It's sort of something that you pick up along the way, probably a little bit through my own experiences. When I was an undergraduate student, our head athletic trainer was a great guy, great practitioner, good friend to everybody who had ever gone through the program, but was not somebody who would ever walk into a confrontation. He was very hands-off and pretty much everybody functioned autonomously. And I saw some places that that worked very well and a lot of places every facility was doing its own thing and there wasn't much integration and coordination and there really ended up being rivalry between facilities instead of working between facilities. So I decided that's maybe not the way that I can go. (Dr. Alice)

Resistance to Change

Individuals resist change because of perceived threats, fears, loss, and value differences among others. Athletic training has been a profession involved in change processes throughout its existence. Winterstein (1998) discussed the athletic trainer's role as health-care providers defining their individual commitments to a wide variety of constituents. Athletic trainers are caught up in a complex organizational structure that may compromise an individual's decision-making processes to please this multitude of leaders.

Therefore, why do people resist change? Matthew believes athletic trainers cannot separate their professional lives from their personal lives. Thus, they become devastated and resistant to change. They struggle to satisfy a significant number of others within their environment. He interprets a chameleon-type

approach to satisfy our constituents. Matthew stated that if an individual maintains consistency and comfort within one's self-described boundaries, one can effectively adapt to change within these established limits.

Athletic Training and the profession does not define who I am. However, I think for a number of people, the athletic training profession may define who they are. And I think that when that is taken away from them because maybe they have been resistant to change or don't adapt to kind of be a chameleon to satisfy multiple coaches or administrators or deal with the requirements and legislate, I think that really, really affects them in a lot of different areas of their lives. You know and so I think the cleverness on our part is to be able to be a chameleon to some extent and to change as much as we have to within our set of boundaries in order to kind of-I don't want to say appease everybody, but- Satisfy the requirements, yeah. I think they could either be really affected by it to the point where they are so resistant to it because they are afraid of it. Or to a point where when it does happen to them, it's just very devastating. Their resisting is not fighting it in a way, but just changing to survive, territorial. So maybe changing—as long as it fits within those boundaries, there is a lot of leeway, a lot of play in between that. So maybe their resistance to maintaining their own mantra, of hey, this is the way I know works and I think you know so yeah, you want to have—you want me to implement these things.

The reaction and resistance to change strategies offers athletic trainers an opportunity to develop awareness and strategies for these challenges. Strategies include introspection, developing an awareness of personal resistance, or a planning process over time.

Well if it strikes a chord that is opposite to my perspective, then I might be a bit defensive. But I think I've learned enough that there is generally a kernel of truth or there is something positive in that change. Maybe not the entire thing I might not agree with but again, there is a reason for that change and I need to seek that positive. Because I know that I've initiated change that has impacted people in that same way, even though it was a great positive thing in my scheme of things.
(Dr. Allison)

If that doesn't make sense to me, you know I might resist that. But, if someone says you know what, I really noticed that, this or the other, so I was thinking that maybe we could do this. I will probably ask them to

explain it maybe you can help me understand a different way. Or I will ask them a direct question that has to do with maybe I understand part of what they are saying, but maybe not. Okay, I understand that you want to do this, but I still don't understand why you want to do this part of it. And you know maybe trying to clarify what they are saying, see if I can flush it out a little bit. (Megan)

Initially, I think my internal drive is on resistance. I mean if I'm told that I can't do it, I will internalize that and then you know I will have to find a coping mechanism. (Michael)

So that's part of me. Yeah, I have to think through the details. Doesn't always have to be in order, but I really need to process details. So you know I've made small gains over time. I used to love to make changes. I am resistant to change the older I get. Early on in my career, I loved change. (David)

Dana responded to a question involving her interpretation of her educational and clinical staff's response to change. She shared her response and initial resistance with the change process as interpreted by others.

But it's just I think you know yes, I think our staff is a little resistant to change, but I think if the change is good and they see the change as being good and I think good for the majority. Sometimes maybe not so good for some, but good for the majority. They will tell you that I am the one that wants to think about it forever, she will sit there and stew and stew and stew. And then maybe she will make a decision. But I'm okay with that.

Megan offers her strategy for overcoming resistance involving athletic training students and their clinical experiences. Her strategy involved learning in detail about the athletic training students' personality traits and their reaction to change, prior to discussing clinical experiences. Once she had established and gathered an understanding of their assumptions, she can proceed with an approach to questioning and interpreting their responses without becoming over challenging.

When you come in as a new person you don't always know how they are going to respond to questions and thinking. So I think it just takes some

time getting to know them. And then I think it also takes time for me-I have to be open to hearing what they have to say you know and being willing to learn from something that I haven't seen before. I've learned to be very careful about how I-about trying to figure out people's personalities and what's the best way that ties into my sociology background and maybe a little psychology too. But trying to figure out how do people's personalities work and what is it that—what was it that was bothering them about me telling them you know and it can be a sticky situation with protocols or with things that people have just done. So I think I've tried to say you know looking at people's-different people's personalities, I would have to kind of angle it from a different viewpoint. Or maybe approach it in such a way that asks them—what is it exactly that—you know what are you doing with this person? What is it that you are trying to work through? Or what are you trying to do with this, that or the other. Or I have never seen that before, kind of thing. How does that work? And sometimes that still is taken as offensive and sometimes that still puts people's hairs on end. I still made enemies, depending—or made an uncomfortable situation even though I was trying really hard to be sensitive to that person's needs or that person's personality. You have to kind of look at that person and say how are they going to handle it, if I ask this, because I really don't think this is the best way-I don't think this is what is in the best interest of the athlete. And so like at that point, I feel almost an obligation to step in and say something, depending on obviously the protocol that is going on.

Unfortunately, David and others shared their thoughts on the implied labeled theory that older employed athletic trainers are more resistant to change.

I'm not going to say that all older athletic trainers are more resistant, but there is more resistance. They've come a long way themselves in 25 years of athletic training. And they think that some of this is just a bunch of crap. And you know manual therapy, are you kidding me? That is just bogus stuff. You can't see it. You can't smell it. You can't do research on it, so it must not be good. I remember an exact comment that I had from someone. A few years ago I said something about helping out doing manual therapy and the response from the trainer was why would I want manual therapy in my athletic training room? Obviously, just doesn't know. It is pure ignorance to ask a question like that, because you can decrease the amount of time that it takes the effort to get back like ten-fold? I think from here-well I think if I want to make a very bias statement, the younger athletic trainers are a little more easy to change because they have come through with the curriculum and that's what they are used to anyway. And processing some of that information has been fairly easy for them, I think. (David)

I think that I've come across athletic trainers who have been doing athletic training for a long time and sometimes they just don't even want to—they don't spend much time looking at research. They don't spend much time you know looking at how other people are doing things. They get kind of set in their ways and that's what has worked for them for 30 years and that's what they are going to do. You know regardless of what the research shows or what different things are coming down the line. So I have worked with people that have that mentality and that has been very difficult for me. (Megan)

Dr. Ashley was always willing to change. Murray, I'll be the first one to tell you, I think will change because he has to. He won't like it. He really and truly honestly believes that we should, deep down in his heart, that we are going to take care of only football and basketball. And you know what, swimming and track, we just kind of hang out there and you know what, we will just take care of them if we need to. And we will show up and kind of cover a meet. But I don't really honestly believe that he really feels that we need to have a certified athletic trainer at a tennis match. I may not either when we can just be on call. (Dwayne)

Coping with Change

Many athletic trainers understand that resistance to change may be a normal reaction and will develop strategies to overcome this resistance. Others have developed over time a form of strategy or coping mechanism to prepare for their response to change. A consistent theme shared by athletic trainers centered on the skill of coping and a mental model attitude of planning for future challenges.

Coping mechanisms varied within individuals and settings. Michael, Dr. Aaron, and Megan all shared diverse coping thoughts to overcome change and assumptions based on resistance. Michael and Dwayne talked of their coping mechanism for change involving family and the sharing of the problem for planning strategies for change.

The coping mechanism for me is to go home and talk with my wife. And I will say Tracy, this is our situation. I have been asked to do this. We've got to become creative and modify our way or if we've got to make a change you know and that's basically what my coping mechanism has

been. Certainly, if there is a staff and they are able to spread the responsibilities on and maybe setup a rotation or a way to water down the- or defer it, I will certainly try to do that and make it fair to everybody. Not just make it a good situation for Michael, but make it equitable for everybody. That's usually my first way of dealing with a situation like that versus exploding and trying to, you know, out do them, you know. It's not going to happen. (Michael)

So the coping mechanism that I think that I use with my staff is a lot different than the coping mechanism that I use when I go home. Because now I can vent at home with my wife, it's a lot different than when I come home or come into the office and try to—so I think I try to involve as many people in the decisions that I make that influence the program as I can. (Dwayne)

Dr. Aaron shared his faith-based approach and the influence on his coping strategies.

I think personally that's where some of my coping scenarios come into place, is it—some of my standards are based in my faith. That I don't yield much when I see something that is immoral, I think is immoral. It needs to be dealt with in that realm. And not from a standpoint again, that I think as a Christian I can say well you know-and the example that I believe Jesus gave us in the Bible that Jesus showed that he still hated sin, but he didn't hate, he still loved the sinner. That individual type process.

Megan offered another route to coping involving a critical thinking theory to derive an answer to a change situation and possible resistance.

I will probably ask them to explain it maybe you can help me understand a different way. Or I will ask them a direct question that has to do with maybe I understand part of what they are saying, but maybe not. Okay, I understand that you want to do this, but I still don't understand why you want to do this part of it. And you know maybe trying to clarify what they are saying, see if I can flush it out a little bit.

Michael, Murray, and Dana shared stories of the change and resistance experiences in the athletic training environment. Michael's response is directed at the athletic trainers in the accredited athletic training sites struggling with change and recommended coping strategies offered to embrace the change.

As far as they have dealt with it, those that are—had there been any gain, they had been planning for a while and they had been bracing for it. Others that have been more the traditional athletic trainers, they have not done anything about it and now they are butting heads and you know those individuals are finding that they are not going to get an accredited program or that they are accredited with a probationary status, because they have not embraced the needs for it. (Michael)

Murray's statements offer the coping insights of a more experienced athletic trainer involved in change.

Well I understand it. I think athletics have changed and I don't really—I've been in it long enough and I don't really get excited. I'm not going to rebel and say oh this is not—I know things are going to change. I know when we get a new football coach, things change drastically. And you have to kind of feel the situation out and give it some thought, but don't drive yourself nuts thinking they are involved in your life you know. (Murray)

Dana's remarks involved her struggles and coping strategies with an administrative decision directed by Dr. Anthony. Dana's past experiences taught her to handle conflict and change with an attitude of discipline in challenging situations. Her aggressive response allowed her to cope and trust in her belief system.

I think I have learned to be more of my own person over the past several years especially. But also to just and recognizing it's that whatever he says all the time isn't always the best thing for everybody. We've had some disagreements on how to deal with students this year in certain situations. You know students who are having some issues or like I wanted to keep a deadline for a project and he said well students are really kind of clamoring about how hard this is and how-and I'm like no way, they've had the project on the syllabus all year. It's due this day and every day that it's not here it's five points off, I don't care. He said, well that's when you have show a little love. And I'm like I'm done showing love. That's what I learned from way back, you know from way back the past few years, is that I need to hold my ground more or else I do get walked over. And so we disagreed a little bit.

Dr. Allison, Michael, and David all are employed at South Eastern State University. Their philosophical responses to change are genuine and directed at attaining positive results with their personal coping strategies

Change is inevitable. Generally change is really needed and we often get caught in our comfort zone and don't—when we are not proactive in change, too often change is a reactive thing. Knowing that as you are going through that change, that's okay. I mean change is going to be there, whether we impose it or not. How you respond—your happiness or success in life is based on 10% of what you do and 90% of how you react to that change for people who go on about you. That is so true. (Dr. Allison)

Philosophically you are either going to accept it or you are going to have some problems with it. But I think you need to be able to look long term at it and short term about change and see if you can adapt it and are willing to accept it. (Michael)

You have to embrace it. I think if you resist it, you are not going to get very far. (David)

2. *What are the perceptions of athletic training stakeholders regarding the CAAHEP planned change educational reform policies?*

In 1997, the NATABOC submitted a major organizational policy change to the NATA recommending a move towards the standardization of undergraduate athletic training educational program requirements. Shortly thereafter the NATA Educational Task Force recommended the policy that by the year 2004 “in order to be eligible for the NATABOC certification, all candidates must possess a baccalaureate degree and have successfully completed a CAAHEP accredited entry level athletic training education program” (Delforge & Behnke, 1990, p. 60). Thus, the NATA membership was focused on adapting to the educational

planned change strategy with a mix of trepidation, support, concern, confidence, and resistance among its stakeholders.

CAAHEP: Planned Change

“He said, this is now my responsibility, you don’t have to do it anymore”, Mark shared regarding his initial communication with Dr. Arthur involving the CAAHEP planned change educational reform initiative. Mark’s reaction was one of loss and fear of change as he stated “and we had a heated conversation about it and that’s the first time when professional change came into my life actually”.

Mark and the majority of certified athletic trainers nationally faced similar initial feelings of distress, anger, confusion, and loss prior and during the implementation of CAAHEP accreditation educational standards.

And you know I realized you know what? I’m one that is always complaining about how much work that I have to do. I’m overloaded. I’m overwhelmed with work. And here’s a situation where Dr. Arthur is coming in and saying you know what, let me take this away from you. You don’t have to do this anymore. Go and be a head athletic trainer. Go and treat athletes. Go and prevent injuries. Go do the things that you really, really want to do. This is important to you. You have a lot of pride and passion for what you do with the—you know you have a long history of this GPA stuff. Okay, that’s not going to change. The classes are not going to change. Everything is the same. Students that you are training are still going to graduate. I mean that’s not changing. What’s changing is another person is going to get these classes. You don’t have to worry about that in a sense. You are upset because I’m freeing you up. And it took “Who Moved My Cheese?” in order for me to actually realize that yeah, I don’t like this change. But oh my gosh, this is actually a very positive, positive thing. And it has been. I mean that freed me up a tremendous amount.

Others voiced their initial resistance and began to develop a coping strategy towards the CAAHEP accreditation standards. Resistance was based on concerns from undergraduate program directors to head athletic trainers to the newly

created approved clinical instructor positions in all levels of institutions.

Concerns were voiced from a range of CAAHEP topics including the educational transformation for internship programs, to administrative support, to the continual educational proficiency changes, to specific newly implemented clinical standards for athletic training students.

There is an initial resistance followed by what do we have to do. I don't think they embrace it every time it comes along. People are starting to get a little sick of it, including myself. But we'll do anything it takes to jump through another hoop and get where we have to get and do what we have to do. I know this is the direction that I have to take and I think everybody does too. (David)

I think we support it. I think we support it, but there is that fear in the back of your mind that okay, we are doing this but are they involving athletic training and making changes and what financially is happening? The change-what's frustrating is when the administrators make changes and do not involve anybody like us and it's like okay now you are just going to do this, this and this on top of everything else you do with not enough staff to try and do it and do it well. (Marco)

Dr. Alan and Dwayne both supported the CAAHEP changes as positive, but focused on different angles of support. The program director focused on the long term benefits of education and an emerging profession, while Dwayne supported the planned change as the only option.

But that's not—it doesn't frighten me in the least. I think if I decided that I didn't want to play that game, then I shouldn't be a program director anymore because we are in an emerging field, in a field where the content changes regularly. We are seeing ourselves break into new practice settings and things. And so if we are going to do those things, then we need to change the educational side in order to accommodate what is occurring, where our students are going, where they are finding positions and so forth. So it's okay. I think all and all we are better because of it. (Dr. Alan)

I think overall our attitude towards change here is positive. I will be the first one to tell you, some of the changes that were made I don't agree with. But, change you know it's just like taxes, you had better pay them or you are in trouble. You don't make the changes within the curriculum that the JRC or CAAHEP or whoever it is now, are directing changes and you are not going to get accredited. You are not going to have a program. Therefore, you don't have much of a choice. (Dwayne)

The constant change in CAAHEP educational standards and guidelines was a frustration expressed by Dr. Alan and the program director's position.

And it feels like we can't help to think, it just feels that we just adopted this set and we just got it in place, but now we are looking at them and saying they need to change again. And at first, you are frustrated by that quite honestly, but then you realize well maybe they need a change because it still says in here that we should teach our students how to do contrast baths when no one does that. And so there are things that are in there that probably need to be changed. But I hope that they don't do a whole rewrite and then force us to then go back and look at every single one of our courses again when redo these.

Dr. Arthur concurred with Dr. Alan's response regarding the constant change in educational standards and lack of educational input during the accreditation implementation.

Personally, I think that they tried to do too much too soon without involving more people in education throughout the country. It was almost like we had the old standards and then we quickly went into the new standards without any kind of transition or at least allowing the program directors and those in education to go okay, these things are coming up in the future. Let's start working ourselves towards that. It was more like boom, boom and I don't think there was enough input with those who are actually working in the different colleges and universities. I don't know. I don't agree with all the gold standards, I'll put it that way.

Academics vs. Athletics

Mark's concerns as a head athletic trainer, focused on the athletic training worlds of education and athletics. His words validated a concern of several athletic trainers regarding an on-going battle between academics and athletics.

Many athletic trainers have expressed a fear that the emphasis on the educational program would cause the quality of care of the student athlete to suffer.

So instead of saying, okay wait a minute. I kind of felt that it was athletics have one side of the spectrum and academics on the other and academics was coming in and saying okay athletics, you have to come all the way over here to academics and meet our standards. And we are not going to meet in the middle. And again, I think CAAHEP accreditation is a wonderful thing, but I don't think that the way things are communicated from what I see, my point of view, that it's set up where athletics and academics meet in the middle. I think athletics has to go meet academic standards and what suffers is the quality care of the athletes. And that has been the #1 stance from the first day I heard about accreditation and that still remains one of my biggest problems communication wise and then just being an issue is athletics are suffering. The quality of care of our athletes is suffering due to accreditation.

"We've got to blend academics and blend the curricular, but we are not going to just—athletics is not just going to give in or relinquish, if that makes sense", Maurice stated rather directly. Maurice, the head athletic trainer of a Division I institution transforming from an internship program to an accredited educational program and Dr. Alice, the institution's undergraduate program director, shared battles and reaction to change in this way.

I think when he came in, it was like he was ready to just kind of take all this stuff and just go over there. And I think there was some significant resistance initially and I don't think he was prepared for again, the passion that our staff had for this program. And I mean that in a positive way. So my guess is he had to mitigate change a little bit too because it's not like you are the boss, no, I'm the—there was never any of that. But it was like okay we've got to blend these two programs. (Maurice)

Our staff still by in large see a lot of things through the lenses of athletics because that's where they have always been. And they need to...they need to see the care of the athlete as their primary role and the education of the student as their secondary role. And if that ever switches, they aren't doing their job right for the athlete because the athlete has to be their first concern. That's their primary appointment. My role has to be backwards to that. I have to see the education of the athletic training student first and how that fits into the care of the athlete second. And sometimes it is good

that we have those roles different, because it means that we can go in and champion each of our causes and find a way to make them work. (Dr. Alice)

Challenges continued between athletic training's clinical responsibilities and academic administrations model of education.

There are problems that interface between our two areas, because it's like nobody on our side is allowed by the academic administration to work with the athletic department. I can't have a team and coverage responsibilities. The dean won't allow it. The academic affairs or provost won't allow it. You are in this challenging and difficult spot. (Dr. Ashley)

Back in the day there was absolutely a head butt between athletics and academics. I mean we had a meeting one day-this was one of the first years I was I here, we had a meeting to select student athletic trainers to be admitted to the program. This was back when it was an internship. And it was Jerry who was our curriculum director. And I remember David, who was our other academic side person and there was me, Marco, and Robin, who was our other staff member in athletics. The department head at that time flipped because she said there were more athletic people than academics and that shouldn't have happened. Like reprimanded them formally! I mean it was a big deal. I mean we butted heads, academics and athletics for a great period of time. (Daryl)

Dwayne's approach was aimed at understanding and accepting the current conditions at Northern State University. He stated in a direct manner the need for both educational and athletic departments to work together. His action as a change agent interjected a forceful approach while pursuing the goal of meshing the two departments.

The relationship between the athletic department and the curriculum, the directors—there wasn't a lot of communication and not a lot of positive interaction. It was we exist, you exist, we both know we have to exist, therefore, we have got to find a way to exist to get along. And a lot of that has changed for the better and I'm not tooting my own horn, but because of my forceful relationship of trying to know that Dr. Ashley isn't going anywhere, Murray is not going anywhere, this program cannot continue where it is.

Maurice expressed his experiences with conflict involving the educational classroom instruction. He reflected on the lack of a voice in decision making opportunities between the clinical athletic training staff and educational program

And so I think a specific example I think would be that student trainer class, in that I think a lot of our staff felt like well we are not teaching them. I mean they are running the show and we don't have any control because they will go running to the curriculum people and they will all tell us that we have to let them do it and la-la-la.

In conclusion, Dr. Alice seemed to understand the stance of the staff clinical athletic trainers and their primary role of covering intercollegiate athletics.

I would say we've got a better feeling of commodore here than anyplace that I have been. It's not perfect. Our staff still by in large see a lot of things through the lenses of athletics because that's where they have always been. And they need to... they need to see the care of the athlete as their primary role and the education of the student as their secondary role. And if that ever switches, they aren't doing their job right for the athlete because the athlete has to be their first concern. That's their primary appointment.

Collaboration

Collaboration can be defined as the ability to work together with others in order to achieve a similar goal. Athletic trainers, administration, and the clinical and educational staffs in the institutional setting shared their thoughts on the collaborative effects at their institutions. Collaborative program efforts can focus on objects, personnel, decision making, or policy

But I mean if we have to collaborate, if we buy a modality or share money. So we've actually gotten much better. It was a slow turnover. I mean it wasn't something that all of a sudden wham, it's much better. But again, I think I would attribute a lot of that to Dr. Alan. I think Dr. Alan went to the departments and said hey, athletics needs us and we need athletics and athletics need academics. Although there are some days that we just want to get rid of them. I say that half-kidding. (Daryl)

What do I think about this? I always give opinions because I think personally that's what I try to do is to make this the best fit for the administration, for me and for the people that I work with. Because we are a program here, we work all together. We have to work with our curriculum program. And if I just start making decisions on my own, even though I know that they would be supported, it wouldn't be a good place to work. (Dwayne)

But he's worked with us and vice versa and I just think we knew coming in that we would have some major changes. And the two of us together dealt with our administration and got another graduate assistant, paid for half by us-half by athletics and half by academics, which to me was a huge step. It showed both of our bosses and administrators we need to do this for both sides of the fence. For the educational side and for the athletic side and both are going to benefit. So that was something that Dr. Alan and I accomplished fairly quickly after he started. (Marco)

The collaborative need of the educational and the clinical athletic training staffs to assist and work together was essential. Dwayne, Marco, and Dr. Alice expressed the collaborative efforts and the guidance needed in signifying the positive effects to both staffs.

It was both the clinical and educational staffs that got together. I think we sat down and we kind of elected a leader and I got to be it. And we kind of said you need to communicate back to the curriculum staff, to the athletic training clinical staff, to whatever, that if you feel you are getting the slide, you need to let us know what that is. So I think those changes overall are going in the right direction. (Dwayne)

I think another thing that helped a lot is that I've got a fantastic clinical coordinator. And he can play both sides of the coin. I've got to come through as the voice of here is what we have to do as the program director. He can take that from me, but he can also meet our clinical staff at the clinical level and say here are some ways that you can go about doing that. So you know he has been a wonderful buffer because both sides can identify with him, but we can't always identify with each other on an issue. He gets to play both sides toward the middle and it tends to work out pretty well. (Dr. Alice)

And we do the same thing on the other side. You know we always involve each other on that search committee. So I've always said to all those guys, feel free to be in the training room. I'm not territorial. I want you to be down there around the kids, so. And then we guest lecture a lot. I mean they will ask us to guest lecture in the classes and cover classes for them sometimes if they have to be out of town too. It's a good relationship. (Marco)

Internship Programs versus Educational Accredited Programs

A great amount of initial resistance to the educational accreditation standards of CAAHEP was initiated by athletic training internship programs. The views shared by the athletic trainers are common themes of the transformation into educational standardized programs. Most of the responses valued the educational accreditation and supported the planned change of accredited educational programs.

I think size of school and I think whether—I think now it's going to be interesting for the—I think the people who are going to go through the most change would be the individuals at an institution who have had internship programs in athletic training, which now are going to have to be turned over to curriculum programs. And their structured involvement in the educational requirements of that program that they haven't had before, that's the change I think that you are going to see. (Matthew)

And all the things, but we are going in the right direction. I really believe that. And 20 years ago, I would have said that's some junk. The internships are doing just as good a job as the accredited programs. But anyway, I believe certainly now that the curriculum is the way it has to go. I think there is still a lot of evolution to come. We are just on the cusp of this thing, trying to figure it out. (David)

Well the program was created in 2000 when I came in. Prior to me being here, there was not an educational program in athletic training. There was an internship program that was run through the athletic training staff of roughly 50 years, which was also an impediment to change because it had been there for 50 years and perceived somebody coming in and trying to take that away. And I had to make it a point that I'm not trying to take it away, but it has to be directed from a different place. But of course, that doesn't mean you aren't the faculty and you don't have the decision-making roles that help design where we are going. So that was a bit of a

challenge, but you know if you can convince the institution that change has been accepted then it will happen. (Dr. Alice)

Maurice responded in defense of the internship style of learning within the athletic training room. However, he concluded that the formal aspect of education in combination with a strong clinical portion of athletic training is a benefit.

That's part of the job I think and we knew there would be some difficult years, but now it's like—I mean we've got kids that are—I think if you talked to a lot of the older staff, it's like we are not doing anything that we have never done differently and we still have a great passing rates. We are still doing this. We are still giving scholarships. Kids are still doing poster presentations. But it's more formalized and it's more recognized and that's no disrespect to our curriculum situation. But if you look at the overall picture, I think we feel strongly that we've added the curriculum component to a strong internship and now even if it is formal, I mean it's out there.

Murray, Daryl, Maurice, and Daniel struggled with the accreditation process and voiced support for the internship route. Two of the athletic trainers are currently employed in institutions that have had established educational curriculum programs, while the other two are in programs transitioning from internship status. All four athletic trainers are active in the clinical athletic domain in their programs. Don has accepted his institutions accredited status, but continues to support his institutions prior athletic training internship culture.

Well I think there are mixed feelings. Of course, the apprenticeship philosophy is that you get more experience in the clinical setting, you know. And we've had people come into this program as GA's who are from apprenticeship programs that have been very, very good. And we've had some from curriculum programs that maybe have not been quite as strong. So I think there is argument on both sides and I think there will always be. I think you know schools that didn't have the curriculum, when the time came they had to have one or they couldn't get one, are going to be, this is ridiculous, the curriculum—I mean the apprenticeship is the best because I have guys over here that work for two or three years and they know a hell of a lot more than somebody that sat there in the classroom and really hadn't spent a lot of time in the training room. (Murray)

Daryl reflected on the practical involvement of athletic training during an athletic practice scenario. He confessed that his Division I coach expected him to complete the initial acute injury evaluation prior to allowing a learning opportunity to be experienced by an athletic training student.

And I really have a problem with that because that was part—and going back to my undergraduate experience, you know as an internship I was on my own, I had to make those decisions. I had to learn. I had to figure out. I had to adapt. And I think that's what has made me good. And I think that is a problem that we don't allow our students to do that. And I'm sure the people that sit in the JRC and all those people say well you should give them that opportunity, but it's a lot different. I mean you know as well as I do, one of your players goes down, your Coach doesn't want you take one of your student trainers out there to evaluate. You go, well now wait a minute coach and he's going to look at it first. I mean you don't have that opportunity. I mean-

Maurice and Don shared their consistent struggling thoughts on the value and past success of their internship program.

It's been difficult. I would be less than honest if I didn't say the accreditation process and the change process was just horrifically difficult. I think any of us that were internship people were greatly affected. We had tremendous people who were internship people. And we thought with either good or bad comments from other institutions, you know, we had a great internship program. And our record was great in exam, placing students, you know on and on and on. And that we are paying the penance for a lot of bad internship programs. But somebody made the decision and we have to follow it, so we are doing it. (Maurice)

I mean I was—I'm a product of an internship program. We had an internship program here. We had an 80% passing rate on the NATA-the BOC exam, we had 100% placement rate. We were one of the internship programs I felt that we were doing things the right way. (Don)

Daniel's former graduate institution continues to struggle with their transition from an internship to accredited athletic training institution. His assumptions are directed for the need to combine both clinical and educational experiences.

I mean I think from what I've seen is a lot of people that don't understand why everybody is moving to accreditation are at schools that have been like in the process for a long time. Like at my old graduate school, they've been in the process of moving toward accreditation for ten years or so. So they have all the classes, but they are still an internship route sort of thing, while I was there. So all the under grad students didn't really understand why they had to like what was wrong with the internship route? And going through an actual internship route, where the school wasn't planning on moving toward accreditation at all, you have a lot less classes and it's all experienced based. And I think that that was all good and the fact that it gives you a lot of experience. But I mean 1500 hours can be wasted away and it can be used. And I think that if you, as long as you are keeping enough experience to add the classes, it's going to be much more beneficial than to not have the classes. Because I think there are so many things that I didn't learn, because you didn't learn it out of a book sort of thing. I think that the base knowledge, you have to learn out of a book and then use the experience to understand what am I going to see the most and what do I need to know the best.

Don continued his discussions regarding his concerns observed from previous curricular programs and the challenges they experienced as they shifted into accredited educational institutions.

I would argue and they've changed and adjusted to because their curriculum programs had to change as well. I think that is the one thing that people forget that it wasn't just internship stuff that we are changing. The curriculums had to completely revamp what they were doing as well. And some of the schools, I don't think their clinical component was very strong. I mean they have a fairly good didactic part. They were like great in the classroom, but they couldn't tape an ankle when they left. I mean there was actually a girl from an institution in state who couldn't tear tape. She could not tear tape. She was using scissors-

The athletic training educational accreditation standards have offered a consistent and improved learning environment for the student athletic trainers. Accreditation concerns voiced by certified athletic trainers involved a fear losing and de-emphasizing the clinical experience in favor of the educational classroom component. Initial focus centered on learning situations and how this learning situation would be beneficial for the student athletic trainer. Don, similar to

Daniel's recommendations, strived for attaining a balance between the internship and educational philosophy. Dr. Alice's thoughts on athletic training clinical hours were directed at improved learning and educational standards for the student athletic trainer.

You know if I look at the care of the athlete first and then the education of our students would suffer. It would suffer because we have athletic training students spending 45 hours in the athletic training room a week to make sure that everything was always covered and there were always enough bodies. And that's not in the best interest or the best educational interest for the athletic training student. I don't think that you learn more and better by spending more time. You do up to a certain point, you have to spend a critical mass of time but I think you learn better and learn more by having good structure to what you are doing with that time. The old analogy is riding the bus to an away match, I learned how to get stuff on the bus and I learned what happens on the bus and beyond that there is not a whole lot for me to learn. You know I can sit in the athletic training room and polish the chrome all day and it doesn't make me a better athletic trainer. It makes me appreciate the work ethic, but it doesn't refine my skills and my problem solving abilities. So instead when you are in there I want that student to work on their problem solving ability. I want their clinical instructor to throw a scenario at them and say, hey if an athlete comes in with this, what are you going to do? How are you going to handle this situation? Or coach comes in belligerent and upset about this, how are you going to diffuse him? Those are the things that the student need—they need to make good use of that time, not just have more time. (Dr. Alice)

So I think it allows them to focus on the academic part. But now that we have accreditation, we've got a five year—we are kind of five years free, you know? Do we—how involved do they want to get? I'm sensing they don't want to get that involved. I think there is some hesitancy on their part. I think they probably-I don't know if they are ready. You know I mean it's different trying to get—I mean its one thing to teach them how to evaluate a ankle, but another to do it with somebody yelling at you. And then you know you've got to hurry up and get them back into practice. The kids are like well you didn't get an x-ray and you didn't do this and you are like yeah, but you know that's where we are at. It's the theory and practice kind of part. We wanted to blend the internship and the curriculum...we want to get smarter kids. Kids that are better prepared that still want to come in and take care of student athletes. (Don)

Leaving the Internship Program Behind

Internship student athletic trainers focused on gaining improved clinical skills by performing a significant amount of clinical hours during their intercollegiate career. Dr. Alice and Megan stressed the need for awareness and decreased athletic training student's clinical hours as compared to the internship program mentality.

You know if I look at the care of the athlete first and then the education of our students would suffer. It would suffer because we have athletic training students spending 45 hours in the athletic training room a week to make sure that everything was always covered and there were always enough bodies. And that's not in the best interest or the best educational interest for the athletic training student. (Dr. Alice)

And it's kind of hard to sometimes leave that mentality and kind of say okay, you know it's okay if they are not working 40 hours a week, even though I did it. You know and I did it, as a student I worked all these hours and I was here and I did all these things that even though that's the way it used to be done, it doesn't necessarily mean it was right. (Megan)

As previous internship full time athletic training clinical staff showed an early resistance to the accredited planned change, Midwestern State University had transitioned by attempting to maintain a proper balance of the past with new. Dr. Alice's guidance of this change attempted to pursue a cultural awareness and balance at her current institution through a consistent clinical and educational philosophy.

And I think there was some time when our staff was thinking well we will just kind of go all the way over here to the curriculum and we are not really maintaining the neat good things about the internship. So I think we've kind of gone back on balance. I mean I think the pendulum was over here for the internship and it had started to swing all the way over here and we kind of came somewhere back in the middle. (Maurice)

You know they don't have a problem with staying late when someone hurts their ankle and both coming back at night to do an extra treatment,

they don't mind doing that. And the other kids totally—well, my rotation ends at four. Okay, an athlete just blew an ACL in her knee, do you want to palpate and feel it? And no, it's four o'clock, I've got to go. (Don)

So we are looking at that clinical buy in attitudinally and you know I hear from the staff who has it and who doesn't. And sometimes those two things are at odds with each other. The students who question the most are the least embracing of the work ethics. We have also students who are hard cored, work ethic folks who never ask a question. This is just what I am supposed to do, so I'm going to go do it. What I am really trying to see is growth of the group in the middle, the group who both ask questions and have the work ethics. And I would say 80% of our students are there. (Dr. Alice)

National Communication of CAAHEP

Communication is an integral part of the national athletic trainer's acceptance of the accreditation process. The perceptions of the change process varied according to institutional levels and personnel. Mark, his staff, and Dwayne all struggled with accreditation changes due to the lack of communication being shared with the clinical athletic trainers. A common theme from the head athletic trainers and approved clinical instructors involved a lack of decision-making opportunities in the change process, while being uniformed during the initial implementation proceedings. Dr. Aaron's response revealed the thoughts of most undergraduate program directors.

I think from what I've read and we really do keep updated data on it. Dr. Arthur gives us information on it, which is great. Initially, there was no information being passed down to—I call us the “front liners” meaning you know people who are down here in the trenches, Dominick and myself, we are kind of the front-liners. We were not getting the appropriate information. All these changes were occurring and things were not being communicated to us. And then it got pretty frustrating. (Mark)

I understand what they are trying to do. I think I understand what they are trying to do. To be honest with you, I think—I've really joked on several occasions with people that I thought that it was almost like the emperor and the Greek. In other words, the few that sat around the table with the

robes made the decision and how it filtered to the rest of the people, kind of think, the messenger fell off the horse halfway through down the line and those messages never got back to the people here that are functioning as ACI's. And I think that's why a lot of people have a negative attitude. (Dwayne)

But communication is important. In most cases I have not been surprised in the changes. I think change frequently is not anticipated. I think the changes you know if you are aware of what's going on, you communicate with people, you have an eye on what's-you know where the problems lie. So I think if you do good assessment and things early on, whether it's relational or relationships or whatever it may be, change is something that you can anticipate. (Dr. Aaron)

Dr. Anthony responded with a larger scale synopsis of communication. He stressed a need to develop an understanding of the profession of athletic training nationally and throughout various administrative levels on the institutional level.

I think that there is a better, but not perfect—there is still lots of room for improvement here, but there is a better understanding on the part of college administrators, including athletic directors, but also athletic administrators of what the role of an athletic training student and athletic training education program is. The students are not laborers. They are not substitutes for certified professional staff. That's imperfect. I don't mean to imply that we've reached a perfect state of affairs. But we've moved it in the right direction. You know all of that I think has been very, very positive. I think there is a more subtle thing as well too and that is the athletic training education programs are becoming accepted as mainstream academic programs and on campus now. To the point where you have athletic trainers who are department chairs now, deans, it will be just a matter of time before we have provosts and presidents who have their main background as athletic trainers. And so you gain credibility in the academic community when that happens. And the academic community is a little microcosm of American culture. It represents a very changed resistant American icon and lots of times when people want to say you know in America what's normal and what is valued and what's important they look to institutions of higher education, not only to see how things are done but to see about the kind of programs they are offering. You know to offer a program in a particular area of study is to validate it. You know it is to validate it. So I think all of the things have been very positive for athletic training. I think that the changes that have occurred on individual campuses across the country were difficult for lots of places.

Institutional Communication of CAAHEP

How is the CAAHEP information communicated among institutional educational and clinical athletic trainers? Institutional CAAHEP communication and directives were generated predominately by the undergraduate program directors. Discussions centered on the roles of communication, understanding, and delegation.

Primarily my responsibility as an administrator is to just keep up with everything that is changing. I want to make sure that this program excels and moves in the direction to the full extent of its potential based on our resources and things that we have available and our location in the country and so forth. (Dr. Alan)

I don't think it just happens. I mean I think you have to be very careful about involving people that have a right to know and who have an invested interest in big decisions. And if nothing else, keeping them informed I think is at least a big part of it. And you are not always going to get complete agreement, but hope—yeah, shooting for agreement. What you are shooting for is an understanding, understanding is much more important than agreement I think in having change, effective change take place. (Dr. Anthony)

So when planned changes are occurring, I just want to stay abreast of it. I want to know everything that I am responsible for, the components that I need to take care of. And then in some cases, it means delegations. In other cases, it means more work for me to absorb that and take it on. (Dr. Alan)

Dr. Alice had to learn about the present culture of communication at her athletic training institution. Using her past experiences as a program director, she learned that past communication styles were not nearly as effective at Midwestern State University.

I also learned that the staff at Midwestern State University when I got there were not as comfortable working through e-mail as they were working through face-to-face conversations and telephone conversations. When I was at East State, everybody was on e-mail. And everybody here is on e-mail, but they don't live in e-mail. So I could send an e-mail out to

the staff and get nothing. I needed to call Maurice and Maurice and I talked, we were good and then I sent out an e-mail and called everybody and said hey I just sent out an e-mail, take a look at it, and that worked. But it was a matter of learning throughout the process how people functioned, how they needed to get information and how they needed to receive approval of that information before they reacted to it.

Marco, head athletic trainer shared his communication thoughts regarding the sharing of clinical and educational program requirements.

So yeah, communication is good. If we have issues with students-if I've got an issue with a GA over a sport, students have a problem with something and they come to talk, Dr. Alan calls me and visa-versa if they come to me. So we communicate a lot on even those kinds of things. So I would say he had ideas, but he also bounced a lot of things off of me too from day one, which was really good. You know we talked about it, try not to have more than five people assigned to each ACI. We sat and talked about who goes with what sports, as far as the undergraduate students. We did the ACI training in August, figure out what date we can do that when everybody is on campus again-when the contract started.

Direct Supervision/First Responder/Travel Issues

The CAAHEP accreditation standards challenged its educational programs with specific policy regarding direct supervision and first responder definitions. Both of these topics caused heated discussion from programs. The various responses were from recent internship programs in comparison to previous curriculum institutions. The prior internship programs revealed resistance and disagreement with the standards. However, a significant number of institutions and athletic trainers responded with frustration involving the new accreditation clinical standards for athletic training students.

I think there is resistance to it. I think the main one is the first responder and supervision thing is a whole huge resistance here right now with us. I think it would not be a huge resistance if we had a few more staff members. I think it's just a matter of our academic staff members right now, only two of us down here in athletics and we can only do so much-supervise so much. I think they do realize that to a point, but they are also

pressured by CAAHEP that they need to have this person there to remain accredited. I think that's just the main thing. I don't think there are too many other things that we've—I think that's-every time we have pretty heated discussions. (Dominick)

Probably a deal breaker for us is travel. Our curriculum director-we have great respect for him by the way. He's done a great job. But it felt like you know students can't travel. Or travel without supervision, I'll kind of pull those together. And we're like you know what, I mean I traveled wrestling and that's when I learned the most and la-la-la, didn't kill anybody and I learned a lot. And I'm like yeah, I did football and baseball. I did that. So I think there was a sense that we really needed that. Well the curricular side comes back and said well how did you know that you did something right or wrong, if nobody was there to help you? So there are really truly two sides to it. And so I think that those two issues were really deal breakers for us. (Maurice)

The whole supervision thing I think caught most of our staff off guard because they never had to deal with it. So I'd say yeah, they've been caught off guard but they are a little mad at being caught off guard sometimes, but we found ways to work through that and go ahead and get it done. When I got there we had students covering a lot of sports. And typically, what we would do in many situations is we would have a certified athletic trainer with a radio, who would sort of stay at the home-base in the athletic training room. Send students out to all the field satellites and communicate back and forth and work with them all that way. They can't do that anymore. Instead they have to have direct visual and auditory supervision at the site of practice, which means they are now out there on all of those fields and rotating between them, if they've got most of the things going at the same time. So that's been a dramatic change to the world in which they live. (Dr. Alice)

It's gotten to the point where educating our coaches and educating our student athletes and educating our student athletic trainers as to if you are not there, you are a—you know you are a first aider or a first responder. But in that role as a first aider or a first responder, even though you can't make those decisions that you would be making if I were standing right there, you had better be thinking those decisions. And so we have educated our coaches in knowing that you know what when we are not there those kids can't really function as a student athletic trainer; they are not me-not certified. (Dwayne)

Site Visitation

CAAHEP approval involves a site visit by the accreditation committee prior to attaining institutional accreditation. The discussions centered on the inconsistencies of the site visitation team, the lack of awareness, and numerous interpretations of the site visitors. Daniel and Dr. Allison talked about the individual lens used by each site visitor and the noted perceived inconsistencies between site visitors.

I think for sure interpretations could be different for the site visitors and whether some site visitors—I think that as a person you are going to have certain things that you look at more or that you focus on. The different site visitors are going to have those different areas that they focus on. If you get set up with a site visitor and their focus is something that you are fine at, but they don't really look at all the areas that you struggle with then I think that could—you could fly through easily. I don't know if that's based on like different site visitors having different views or different ways that they have written things up in their self-studies that have not necessarily been all the way honest. (Daniel)

Program directors now get more defensive about the whole process and these site visitors, who are doing their job because everything is black and white, no empathy, never been in that program director's seat versus now the other person comes in carrying compassion at program directors, been there, been hosed a couple of times, I'm going to say oh I understand. The intention is awesome. These are great people. They are working with very little, so I am just going to call these recommendations. I'm going to call this...non-compliant. Where's this other group—so does that make sense? (Dr. Allison)

Some site visitors would come in and say that—and first of all, it's the whole site visitation thing is the problem, the lack of consistency. You have some program directors, some non-program directors. You have some clinic athletic trainers. You have people who have empathetic personalities versus black and white personalities. You show that mix together you are going to get discrepancies in evaluation. So one of the discrepancies might be here is a person that you know they are a PTA, PT, nothing against PT's, nothing against ATC's, they have been working with insurance codes their whole lives. Black and white things, it's either this or it's that. Now they get the standards. These are black and white. This is their—how they interpret each word, even though there is an interpretation

manual, that's just not the standard. The standards are the standards. So they come in and see this, this and this. Then there might be that they are so strong in their personality that the feedback...they give and take between the program director, because the site visit is set to take place and it should. Things should be resolved on site in the manual for site visitors, if can be. (Dr. Allison)

Maurice had voiced concerns about site visitors and their lack of understanding the culture of mid-major and major Division I intercollegiate athletic programs.

After the visitation team had completed the review at Mid Western State University, his skepticism had been tempered.

You look at who is on some of these committees. You look at who is making some of these decisions. There are not people from Georgia. There are not people from University of Florida. I mean there are people from...that either arguably have the time and I think that was the biggest thing. It's like you need some people from some big time, major Division I schools, not because we are big time schools, but because some of the things that you are talking about, you don't have the—it appears that you don't have the perspective and understanding of our culture of what we are doing. And one of our biggest concerns with having people evaluate our program from smaller schools is that they didn't get it. Well, two evaluators came from very, very small schools and were really upset or a little bit anxious, but I think we had planned well and they were not only impressed but it was sincere. I mean they got a sense that we really were attempting to do it the right way and on and on and on. So that was maybe a concern that was not validated.

Dr. Allison shared a view from an insider regarding the accreditation process. Her concerns centered on interpretations and the consistency of the standards being addressed.

My first board meeting I saw some very defensive people that like their backs were up against the wall. And people—because we are deliberating all these programs to see you know a site visitor gets the report, sends it in, there is a rejoinder that occurs. The site visitor looks at that again. And we—it's assigned to two people on the board. The board looks at it and says yeah these are still non-compliance, these are okay and so now we are going either say you need to do this and you're on probation or this so. This is amazing. And they are saying bad, bad, bad, and I'm thinking—a couple of times I raised my hand and said gees, I don't quite see it that

way in the standard you know? I can see where they are fulfilling this standard. And sometimes I get a look hey hold it, whose side are you on?

Southern State University took a different approach to the accreditations site visitation. Marco and Dr. Alan accepted the strictest site visitor they were aware of and welcomed the challenge.

You know we had two site visitors that a lot of people would have turned it down. Melissa...some people turn her down because she is so strict. And Dr. Alan and I both looked at each other and said we are after the best. You know if we can't do it with the best then we aren't good enough to begin with. (Marco)

Institutional/Departmental Resistance to Change

Resistance to change can be revealed in many shapes, attitudes, and responses. Institutional resistance may be exposed as a disagreement with the accreditation standards, campus-wide departments may label programs with unwarranted perceptions, or full time clinical staff may not agree with the recent CAAHEP and NCAA mandates.

Dr. Ashley shared a story regarding athletic training program resistance at a west-coast institution and their misconception of the educational athletic training program and athletic sport coverage.

The head athletic trainer in a program out west and was going around that his administration won't put in an accredited program and how am I supposed to cover all these sports in our athletic program. And one program director just led him on and informed him of the expectations of the accredited programs. It was like the purpose of an athletic training education program is not to cover athletics. We don't give a rip if you ever get athletic teams covered. The idea of athletic training education program is to train people to be athletic trainers and if I use their athletics as a clinical site, it's still to train this individual and allow them to practice the skills they've learned in a class in a clinical setting. It's not so you don't have to have somebody else covering softball practice. Well guess who has an accredited program? That school out west. They are one of the new

ones. And I would bet you right now that that is a slave labor issue right down there, without doubt.

Don talked about local institutional cultures, perceived misconceptions, and resistance developed throughout campus.

There was definitely resistance by a couple of different divisions across campus. And a lot of it was because I think they were—I think it was more one, them feeling that we were—we should be in PE and if they felt that we were a glorified physical education. And it's because that's their perception. So we had to fix that.

Dwayne talked about resistance within the athletic training room and the clinical aspect of the accredited program. He discussed the NCAA changes and the demands on their institutional athletic program.

They have been around it long enough, however, the NCAA has changed their focus. They are not—it's not football anymore. Everybody says this and I get sick of the word, but now I use it too much. It's student athletic experience now. It's the big picture of things. The NCAA moved to that. Their program is going to move to that. There is only one person on staff that is unwilling to move to that.

One Institution's Resistance to Change: Midwestern State University

A major division I institution, Midwestern State University, revealed as a group their initial resistance and concerns for the accreditation process. Apprehension may not have been substantiated with only resistance and fear, but with an awareness of a change in culture and familiarity. During the planned change process, all three interviewed athletic trainers, shared insights and solutions for the planned change process. Dr. Alice was able to discuss her insights into the challenges she faced and how the effect of culture created an initial resistance within an organizational structure. Maurice revealed his attempts

to guide the planned change process with Dr. Alice by understanding the present culture and its structure for change.

This short story focuses on the different challenges faced by an organization in pursuit of achieving a successful change. The vignette reveals three personal stories and voices of frustration and hope. First, an undergraduate program director's plight against an engrained culture; second, a head athletic trainers' interpretation and vision for the program; and third, an approved clinical instructor's early active involvement in pursuing accreditation, are discussed.

Midwestern State University's began initial planning stages prior to the selection of an undergraduate program director. Immediate concern and resistance was shared by the current staff due to their past positive experiences with an athletic training internship program.

It's been difficult. I would be less than honest if I didn't say the accreditation process and the change process was just horrifically difficult. I think any of us that were internship people were greatly affected. We had tremendous people who were internship people. And we thought with either good or bad comments from other institutions, you know, we had a great internship program. And our record was great in exam, placing students, you know on and on and on. And that we are paying the penance for a lot of bad internship programs. But somebody made the decision and we have to follow it, so we are doing it. (Maurice)

All internship folks, none of us had done anything. None of us had ever done anything in curriculum, zero. Maurice is here. I am here. We are like what are we doing? So you know Mary and I took the lead on it and you know we contacted CAAHEP and we got the big book and we got you know...the older staff, they fought it. That is—absolutely fought it. Because if we don't change what we are doing and you know add the curriculum and all the stuff that goes with it, then we are not going to be a part of athletic training at all. And so I think that was—once we got everybody to buy into that and that was hard, that was really hard. (Don)

Dr. Alice had experienced early cultural and organizational impressions while the apprehension and resistance of the planned change process was evolving.

Maurice, the head athletic trainer, was assessing and offering his interpretations of the change protocols with vision. Both the educational and clinical staffs were learning to assess the current organizational structure and collaborate together in this challenging change process.

Resistance isn't maybe the word that I would use. Apprehension I would certainly use a great deal. This is very different than the way they did it. And to give a little background, when I was hired in at Midwestern State University, I was the only ATC at Midwestern State who was not an alumnus of Midwestern State University. There were many ATC's at the time. All of them were program alumni either at the undergraduate or the graduate level. So they all knew how it all had been there and most of them had no idea how it worked in accredited programs. So resistance to change, maybe not as much as genuine fear of how is this going to work. It took me a little time to get a good feel of how the structure worked at Midwestern State and of course I ought to get that feeling, right. I think when I came in everyone was very used to the model of Maurice being the director of athletic training. (Dr. Alice)

The curriculum director I think expected for the staff-I won't say rollover, but...We just felt strongly that if we are going to have—you know this is a flagship institution in our state, we think. And it has a long history and we think a pretty good one in athletic training. And we need to have those two components. (Maurice)

And so I think initially Dr. Alice didn't know how to handle it and so she kind of put herself out there and kind of sawed the limb a little bit And so I said hey why don't you let me do this, this and this. And so then she and I started meeting and then so there was never—not that you sheltered someone but you know I think she felt very quickly she was like Custer, do you know what I mean? Our staff is a strong staff, strong personalities, very good and nobody is going to be nasty, but they believe what they believe. And so I think she felt personally persecuted by that and I think it's like hey, I'm just this girl; because she was trying to change and shift her model a little bit, I think. (Maurice)

As time progressed, Dr. Alice began to institute educational mandated changes, interpret the basis of the resistance, and plan a strategy in pursuit of accreditation.

One of the first changes that we did was the role of the athletic training student. When I arrived at Midwestern State University, we called them the student athletic training staff. They were listed in our directory as student staff. And as we looked at our list of sports at Midwestern State and come up with a list of who is the primary person providing care for each of these sports, about half of two-thirds of those had undergraduate students listed as the primary contact person in this sport. Obviously, those things are very old school, so we thought well, we all used to do things. It's not the way things can happen anymore. But I don't think I had the credibility with our staff because I am not a Division I, major university clinical athletic trainer. I haven't walked the walk and talked the talk in those shoes. So I can tell you what you need to do, that doesn't mean that you are going to embrace what I say because I have not been in your environment. A really important part of getting there I think was getting Maurice to understand that and embrace what we had to do and why. And as Maurice, our head athletic trainer was able to do those things, he was able to give the message to the staff that we need to move in this direction.

Maurice noted the resistance throughout the staff and attempted to unite the academic and clinical environments into a working relationship.

I think when she came in, it was like she was ready to just kind of take all this stuff and just go over there. And I think there was some significant resistance initially and I don't think she was prepared for again, the passion that our staff had for this program. And I mean that in a positive way. So my guess is he had to mitigate change a little bit too because it's not like you are the boss, no, I'm the—there was never any of that. But it was like okay we've got to blend these two programs. We've got to blend academics and blend the curricular, but we are not going to just—athletics is not just going to give or relinquish, if that makes sense.

On the educational front, Dr. Alice continued to interpret the culture and advance the needed philosophies in slow, consistent manner. Meanwhile, Maurice understood the present cultural environment and passion of his clinical staff. The goal was to mesh both philosophies of the past internship program with the required CAAHEP educational standards in a progressive, positive way.

I think the staff sort of envisioned that the athletic training education program would function very much like those facilities and that Maurice would still direct everything and I would function like a facility supervisor. And they would all answer to Maurice and Maurice would be

at the top of the pyramid. Well it doesn't work that way in the academy. If you are going to have an education program and it's a tenure initiating unit and it has to be the autonomies in athletics, so it can work together and collaborate together. But, instead Maurice and I needed to function as parallels rather than a direct answering chain. And it's taken us a couple of years to get comfortable with exactly how that works. I think we are still working on it. (Dr. Alice)

I think she just needed to—and she has told me that before. She was unprepared and overwhelmed, maybe that's too strong of a word, but she was certainly unprepared for our group. Because she just you know just has a passion for this program and some of the newer staff that aren't graduates of here or did curriculum probably don't have that. But the four, five, six core of folks you know that were here with Tom, David and Lori, I mean they feel strongly that this is what and how they want it to go. So I think what we did is that if she and I sat down and we could work it out and then I could go back and kind of spin the staff a little bit and visa verse. And then we handled it that way and I think it worked. I think it worked a lot better. (Maurice)

We started that initially and I didn't get anywhere, because until Maurice gave the okay, the staff wasn't going to be on board with anything that was happening. So instead I had to learn okay, I need to go talk to Maurice and Maurice and when Maurice and I have hashed it out and I'm happy with it, then I can go to the staff and it works out very well that way. But it took about a year to get that model figured out of how it was going to have to work. (Dr. Alice)

Maurice continued to listen and communicate with Dr. Alice on her struggles, while understanding the need to assist his clinical staff into “buying in” to the accreditation process. He hired new staff from educational programs and continued to communicate within staff meetings on the vision and advantages of an accredited program.

And then you have a lot of your staff that are all internship and so they really only know it, myself included, one way. I'm not a bright guy, but I'm just like, you know what, we need to get some people in here that have done it some other way to mitigate a little bit. So the last three people that we hired all came from curriculum programs. And part of it was—that wasn't the only reason they were hired, but we really needed I felt, somebody to give me or us a little bit different perspective because it was almost like the curriculum was the devil kind of thing. You know

somebody is making us do it, but there are a lot of people that have been doing it for a long time and they seem to be doing well also. So I think that was a good thing for us too, because now you had even though they were new staff, could give you in a staff meeting, some things that—just plant some seeds, throw some things out there and realize that it wasn't all maybe as horrible as some of the current entrenched internship educated staff felt. So I think that was good for us. I think both of us, the head athletic trainer and the program director, did in succession to work through the resistance of the accreditation changes. And what I tried to do—we meet regularly as a staff, probably more than our staff wants to. We thought it was important, I did because to try and do all of this. Some people are really good in groups and some people aren't. (Maurice)

In retrospect Dr. Alice confessed, “I think if we did it all at once they would have probably tarred and feathered me and then hung me from the flagpole and it would be over.” She concluded by stressing the great importance of the clinical coordinator's role and the understanding of relationships between educational and clinical athletic training environments

I've got to come through as the voice of here is what we have to do as the program director. She can take that from me, but she can also meet our clinical staff at the clinical level and say here are some ways that you can go about doing that. So you know, she has been a wonderful buffer because both sides can identify with her, but we can't always identify with each other on an issue. She gets to play both sides toward the middle and it tends to work out pretty well. But even with that, without buy-in from our head athletic trainer that these are important and actually do have to happen, we would have not gotten there. Because she lent legitimacy to the changes that we needed to make and legitimacy that I could not bring at that point.

Athletic Training Resistance

Resistance can be experienced in many ways. David discussed the plight of changes in the clinical setting that he is resisting, while Dwayne and Maurice discussed the CAAHEP procedures and the direct and indirect effects on student athletic trainers.

I hated being here until 11 at night, you know. That was a little sore spot with us for a while. But there is no other way here, you're a service athletic trainer and you are working at a college. And for me—and here's another problem I had with change. I'll tell you right now. If I have a Sunday at 4:00 planned and my Uncle Joe is coming into town and then all of a sudden basketball decides they are going to practice at 3:00 when it was never on the schedule before, I'm whacked. I can't deal with it anymore. When I was 23, it was fine. I'm not trying anymore. I'm not doing it anymore. I'm not changing my life because some coach decides for whatever reason, he decides he needs to have practice at three on a Sunday when it was not on the schedule ahead of time. (David)

The clinical aspect of educational athletic training program placed a greater emphasis on the clinical evaluation of the athletic training student. Dwayne talked about Murray's challenge with the change process of student evaluations.

Maybe it was something as simple as our evaluation that we would have to work with him on accepting. We had to do a cognitive and affective evaluation form on the athletic training students, and for the head athletic trainer, to have to fill out an affective evaluation was like way out there. Because affectively—whoa, this is something that you know and that just doesn't go over well. So what we tried to do is make the form as simple as possible and ask questions pertaining to what we could come up with that might best fit, you know the whole—so we try to make changes in that, but we made that form so simple that effectively it got the job done, but for him it wasn't something that he had to sit down and say-and do a 25-minute interview with a student to go over those things. So we try to take each of those changes that we thought—some of the changes, you don't have a choice. But some of the ones that you can sit down and say okay, listen to this, we know it's going to happen, what can we do—and that was a good example, just a simple change of a form benefited him.

Maurice noticed a difference in the internship student athletic trainer as compared to the newly selected athletic training student in the accredited educational program. He expressed frustration at the criteria used for the students selected and the attitudinal changes in the first class of athletic training students.

Our first class was 25. We kind of laid back. Our staff kind of laid back and let Dr. Alice and Martha be a little bit more proactive on who to change. She put on a spreadsheet and says, we have to take numbers one through whatever because their grades are the best and we will get sued

and all of that. And I'm like whatever. But we kind of were frustrated because we felt that, you are the curriculum person and you know we are just trainers. So we got 25 people who were great academic folks and they just graduated, but there are three or four kids going to medical school, there is a girl in law school, however the hell that happened. So I mean they were just all over the board, plus there was a mix of some of our current internship kids that we had and these curriculum kids. So this was 25 kids, huge class, too many. They were all "brainiacs" and our staff, like if you were someone in there, it's like you need to come in and da-ta-da-da, well no, I've got to go to class. Or they are sitting out there reading a textbook when they should be mopping the floor. I think that year was unbelievably difficult because we are trying to shift from using them as a workforce to the studies.

Dr. Alice continued her understanding of the inner workings of the planned change process. Her observation of the educational and clinical staffs' frustration in the response to change will afford her future opportunities in new implementation processes.

There is a lot more tension between clinical staff and academic staff. And having gone through this role for a couple of years, I can see how that would come. No one likes to be dictated to. And it was sort of a I understood what needed to be done and instead of taking the time to explain it all to everyone, so that everyone understood the whole thing, I was going to make it easy on you, I was going to tell you here are the pieces that are yours and here is what you need to do. And I have come to learn that that doesn't make it easy on people. That just makes them out of the loop and frustrated.

Student athletic trainers had offered a form of resistance to the CAAHP changes. Several forms of resistance were expressed with the accountability of the clinical student athletic trainers. Athletic training students were also affected by constant accreditation changes instituted and a feeling of lacking a voice in the planned change process.

A lot of us have the same problems. Initially, a lot of our students didn't think it was important to show up to their assignments. And after the first year—I mean because in the old program it didn't matter. Oh I had to work. My girlfriend broke her car and I had to, you know, and it just

didn't matter. Dr. Alan initially didn't want to be a hard ass and he didn't really want to be the guy that had to discipline these kids. But we went and said hey, this is a problem. And he didn't realize it was a problem and it got better because he started—he implemented the discipline code and we haven't really had to evoke it lately because it has gotten that much better. (Daryl)

And we went through this with our—right now, with our senior class. Our senior class right now is stuck in the midst of all this change. And those kids really felt like they got left out. And you know we communicated with them as much as we could and we held student meetings, because I really felt like our kids went in all different directions. Our leadership was awful. And our kids really spoke back and that I thought I needed to hear because the kids felt like they were caught in the middle. And I never knew that. We sat down as an entire athletic training family and sophomore, junior, senior, curriculum staff and you know I led the meeting. And I said guys, here is my dilemma and problem. Right now I see our program as a student athletic trainer might, here is what's going on... a, b, c, and d. I see a team that has had no leadership for our younger kids. I see academic break ups of freshman hanging out. This is a family. We need to have this—and our seniors really came back and said, listen, we really feel like we got stuck in this change that happened with our program from competencies to accreditation, to—and we—after we met with our kids, we kind of came back and said, you know we probably didn't do a good of job as we thought we did communicating this back to these kids. So we said okay now, what can we do next year to make sure that the juniors or the sophomores that are going to be going through this change- (Dwayne)

Response to the Change

The responses to the initial CAAHEP accreditation procedures caused a variety of issues and thoughts. Issues involved staff response to change, administration processes, leadership decisions, and coping with the planned change situation. Three head athletic trainers shared their views on the CAAHEP mandates each from their own clinical role.

And I told my staff, you know this is going to be a tough period of time. We've got the education reform that is on us and we have to do this. And we've got the adequate medical care and we have to do this and yet administrators aren't going to just add staff just because we ask for it. So I said it's going to have to be a give and take. It's not going to happen

overnight. We have got to be positive about it and eventually it will happen and both sides are going to benefit. You are going to have good students and we will directly supervise them. (Marco)

We had to build a medical service component and when the support of the coaches and administration from a service standpoint that hey you've got three individuals over here now, we've got to show them that they are getting the most out of this buck. Then let's bring the education component into it and modify the education component with the service component, so now we have an accredited program. Will it work? I have no idea. It's working so far. We are evaluating it year from year. Could we have done it any better, brought the education component in first and then the service component? I think we would have failed. (Michael)

Change for the sake of change I don't particularly care for. But I think the change that the NATA has made being-not that I was directly involved when it happened, but coming back now and seeing how well prepared that our students can and should be by going through this education reform change, I think it was the absolute right decision to make. It's just sometimes I think difficult to implement and as we go through that I think it will continue to do better. (Matthew)

Understanding the response of change in the clinical athletic training environment is important to long term success. Dr. Alice's awareness that the rate and the response to too much change at one time is just as important as what is needed to implement.

And the goal was instrumentally make these changes—I think it drove our staff nuts because we were always changing. But at the same token, if I had forced a magnitude of change on them in year one, they would have withdrawn completely and we would have never gotten anywhere.

Clinical Experience Changes

The clinical experiences of the student athletic trainers have been shaped with the CAAHEP accredited process. The clinical experiences of the athletic training students involve the transferring of learned educational knowledge into the clinical environment. The themes that transpired were strongly supported by the

approved clinical instructors as a necessity and valued part of the student athletic training student's experience.

But for me, it's the teaching-when it gets in me and where I love it, but there's not a book up here or a class or anything that ever takes over that. And so I hope that accreditation or change or however the NATA or the JRC or whoever, whatever governing body ever decides to take over our accreditation status. I hope that it never says you know what, you don't need that clinical experience. That would be sad. So I really, really value that. And if I value the practicum course that we have so much and you know the proficiency that the kids have to have, you know I think that accreditation has lent itself more paperwork. (Dana)

Strong support for clinical experience was stressed by both Megan and Dana.

The goal was to create a positive clinical experience and a necessary process of the educational learning setting for the athletic training student.

But as far as the students I think it's—the emphasis has changed quite a bit from being-working in the athletic training room to it being a clinical experience. Just really the change in you know it being more than filling coolers and making ice bags, you know and just really focusing on the fact that this is their experience to become a certified athletic trainer and we need to make the most of every situation to allow it to be an educational experience. And yes I go along with filling the coolers and doing ice bags and maybe doing some of the drudgery work, but I think that we've worked really hard in trying to implement their being opportunities to learn and I think it's hard sometimes for us certifieds to let go of taking over a situation, to allow a student to learn. So that's been kind of a hard situation. (Megan)

I hope that that never changes. Really, if you have a school that doesn't have an hours requirement and NATA doesn't have an hour requirement, you know just go take your course work-and this is not a slam in anyway shape or form. I think it's true fact. Look at a PT that first gets into their job or goes to their first clinical, they have no clue. They have no clue what's going on, nothing, because they have never done it before. You've got kids from the very first day of almost their college career in here, which I think is a true benefit for our program in that they are not waiting until their sophomore, junior years to touch an athlete. They are taping an athlete as soon as they can show me they can tape an ankle. I'm like hooray, saddle up to the taping table out there and tape one of those football kids or soccer kids or whatever. So I think that you can't—I don't care what course you instill in a curriculum program, in an accredited

curriculum program, you will never take the place of clinical experience. That's the bridge. (Dana)

Don took the clinical experiences one step further stressing the need to maintain a realistic, real-time opportunity for the intercollegiate athletic trainer. Don stressed a realistic practical approach to the world of athletic training.

You know I mean it's different trying to get—I mean its one thing to teach them how to evaluate a ankle, but another to do it with somebody yelling at you. And then you know you've got to hurry up and get them back into practice. The kids are like well you didn't get an x-ray and you didn't do this and you are like yeah, but you know that's where we are at. It's the theory and practice kind of part.

The educational staff has continued to foster the student athletic trainers in both the clinical and academic settings. Dr. Alice's goal of developing a balance between educational and clinical students is shared.

So we are looking at that clinical buy in attitudinally and you know I hear from the staff who has it and who doesn't. And sometimes those two things are at odds with each other. The students who question the most are the least embracing of the work ethics. We have also students who are hard cored, work ethic folks who never ask a question. This is just what I am supposed to do, so I'm going to go do it. What I am really trying to see is growth of the group in the middle, the group who both ask questions and have the work ethics. And I would say 80% of our students are there.

3. To what extent were planning strategies incorporated during the planned change process at the institutional level?

Planned strategies are designed to guide an organization through change situations. Strategies are dependent on situations, organizational structure, personnel, continual analysis, and mission. Effective planning strategies of CAAHEP's accreditation process should be focused on understanding one's institutional culture, vision, and purpose.

Cultural Issues

Pre-planning and cultural observations were noted in the pre-planning stages by three program directors attempting to instill the CAAHEP accreditation program. Dr. Arthur, Dr. Anthony, and Dr. Alan initially focused on the present culture of athletic training staff, institutional philosophies, or institutional internal structures. All three program directors were made aware of the current athletic training cultural issues surrounding them prior to planning strategy.

Let me give you some other background here. Before I got here the head athletic trainer was it. He was the head athletic trainer with no staff, and he ran the program and taught in the program and did everything. (Dr. Arthur)

Dr. Alan's approach began as an information gathering expedition during his early planning situations as educational program director. His exposure and communication established his understanding of the community and institutional culture.

When I arrived here I was in an information gathering mode. I wanted to know as much about this unit, about the university, the college, the department and the program, so that I could make changes and understand what needs to be adjusted. I talked to students in the program to find out what they liked and what they didn't like. I talked to other faculty to find out what they had heard and that was good and bad. I talked to alumni. I spoke with administrators and I networked as much as I could locally to understand even to the point of what positions and medical practitioners had respect for the program, as it was to make sure that I kept them happy but also maybe met some new allies in the process. And so those first few months were a number of dinners, lunches, breakfasts, things to kind of get to know the athletic directors from the area, from the high schools that they worked with and so forth.

Midwestern State presented a different culture based on current staff members and their knowledge with their current institutional structure.

All of them were program alumni and even at the undergraduate or the graduate level. So they all knew how it all had been there and most of them had no idea how it worked in accredited programs. So resistance to change maybe, not as much as genuine fear of how is this going to work. Every single one of them is highly dedicated to the education of the undergraduate student, which was something that was a prerequisite for me even accepting the job. I had to see that North Western State University wanted to do it for the right reasons. And after being convinced that they do want to do it for the right reason, we started to figure out where we were and where we were was a microcosm of athletic training in the mid-1980's, in terms of the role of the athletic training student and the way that the things worked there. (Dr. Alice)

Institutional size and a faith-based culture established a strong attraction for specific students searching for a unique undergraduate experience.

You know we are a Christian college and so students who come from a strong faith background and who are looking for a faith-based experience, college experience, found North Western State University to be an attractive place. There's just a much smaller feel on our campus than there would be on a big state institution campus. And so we try to capitalize on those kinds of things for our students as well. (Dr. Anthony)

Thus, Dr. Alice was presented the challenge of overcoming a culture of long-lasting leadership and decision making which permeated his tradition based institution.

One of the things that I learned early on is, in order for change to happen, I had to get Maurice on board first and then go to the staff, which is very different than I was used to. We started that initially and I didn't get anywhere, because until Maurice gave the okay, the staff wasn't going to be on board with anything that was happening.

Vision/Mission Statements

Mission statements and a long term vision were traits observed in the discussions with several undergraduate athletic training program directors and head athletic trainers. Mission statements ranged from personal professional

pursuits, to general program goals, to Dr. Anthony's mission statement focusing on the institutional and national professional development.

But I took this position because I have a vision of what I want a program to look like. I don't like to be dictated to either. I have a vision of what I think is going to make a great athletic training program and I want to build it my way. So in that way, I am a little egocentric and driven to this is what I want a program to be. One of the strengths of that is I do have a clear vision and focus. (Dr. Alice)

Well I always said I want to be one of those programs that others look at. I want to be on my own list as one of those top four programs or whatever that number is and be highly respected and know that we are doing a great job. (Dr. Alan)

I think that there is a better, but not perfect—there is still lots of room for improvement here, but there is a better understanding on the part of college administrators, including athletic directors, but also athletic administrators of what the role of an athletic training student and athletic training education program is. The students are not laborers. They are not substitutes for certified professional staff. That's imperfect. I don't mean to imply that we've reached a perfect state of affairs. But we've moved it in the right direction. You know all of that I think has been very, very positive. I think there is a more subtle thing as well too and that is the athletic training education programs are becoming accepted as mainstream academic programs and on campus now. To the point where you have athletic trainers who are department chairs now, deans, it will be just a matter of time before we have provosts and presidents who have their main background as athletic trainers. And so you gain credibility in the academic community when that happens. And the academic community is a little microcosm of American culture. It represents a very changed resistant American icon and lots of times when people want to say you know in America what's normal and what is valued and what's important they look to institutions of higher education, not only to see how things are done but to see about the kind of programs they are offering. You know to offer a program in a particular area of study is to validate it. You know it is to validate it. So I think all of the things have been very positive for athletic training. I think that the changes that have occurred on individual campuses across the country were difficult for lots of places. (Dr. Anthony)

Maurice's focus as a head athletic trainer centered on the individual staff development produced through end of the year goal setting workshops. Maurice

devoted his workshops to creating and developing an environment of personal vision and sharing opportunities among clinical and educational staff members.

I think goal setting for us seems to work well. Maybe for others it doesn't. But I think as a group if we have a—you know we've got a sharp clear focus of a goal or two or three that we want to accomplish, then at the end of the year, the last three years, we put down what we have accomplished. And our accomplishments and we share that with our physicians and administrators. And the list is remarkable and it isn't just about you know—it's about everything. It's about students. It's about coaches. I mean it is what we have—

Planning Strategies

Strategic planning is directed towards developing an early understanding and awareness of the current culture, mission statements, and short and long term goal development within an organization. Strategies are based on effective tools used in accomplishing established mission statements, program goals, and evaluation techniques.

Every organizational framework needs a plan. The problem stems on where to begin in the planning sequence. Early planning strategies varied from institution with individual planning sequences offering variations in styles.

Early review of the undergraduate accreditation standards was Dr. Aaron's first agenda following his new position assignment.

But when I accepted the position, I spent the whole first summer just studying the standards and guidelines. But the problem was I knew they had already changed that one version, the version of 99'-2001. That when they came in and you know anticipating hearing the rumblings that accreditation you know the element, all of those were going to change and I said where do I begin? And the most important thing for me to was just to go back and look at how-and being involved in the self-study really helped me force the grasp of what education should be. And I attended my first educator's workshop, NATA/JRC's educational workshop. I went through some accreditation type things but with assessment, just a college level assessment program, and although the Nomenclature was probably

over my head and around my local hearing what I was used to hearing, it certainly began the process of what I need to understand. So it taught me where they needed to grasp. And that's really what I did was attack it from the self-study type mentality, looking at what do I know and need to make sure that I can tell this academically.

Dr. Alan's early planning was directed at completing administrative tasks and communication geared towards to pursuing an athletic training major at Southern State University.

It was a process of learning the ins and outs of the administration this time not only at the local level but at the state level. What were the politics of the time? Was the state board of higher education open to new majors at a time when the budget was starting to shrink and things like that, would they look at this as something that was frivolous and that they never heard of and that. So that was kind of a challenge I think. And the way we overcame that was for me to write the best rationale and best set of answers, if you will, to the process that I could and then submit it. It went to the school level and then the college level and then the university level. And then it went to the provost office. And then finally from the provost office, it went to the state capital and worked its way through. And through that process I kept you know taking it all in, I went to as many of those meetings that I could and listened to what they had to say. And if they had problems with things about this becoming a major, I wanted to know about them at that moment and not hear about it two or three weeks later.

The planning strategy created by Dr. Anthony involved goal development, sequencing, and recruitment of organizational allies support. His planning for opponents and allies is essential in his development of planned change strategies. Dr. Anthony's goal is the acceptance of understanding versus agreement in effective implemented change strategies.

My strategies for big change like that is generally kind of write down first of all what I want to see happen. What are the goals that I am trying to achieve? And then try to think in terms of the steps that it's going to take to accomplish those goals. And it's just bullet points that go down. Okay, in order for this to happen, I need to have this and this and this and this to happen, okay? And then to sort of take those and put them in order, you know and sort of chronologically sequence them. And then to ask myself

for each of those things, who needs to be part of that? You know, who needs to—who is going to have—who first of all is going to want to have some input in that? Which of those people are likely to be my allies? Which of those people are likely to be my opponents? And how do I deal with those allies to strengthen their support and how do I deal with those opponents to at least minimize their opposition? I don't think it just happens. I mean I think you have to be very careful about involving people that have a right to know and who have an invested interest in big decisions. And if nothing else, keeping them informed I think is at least a big part of it. And you are not always going to get complete agreement, but hope—yeah, shooting for agreement. What you are shooting for is an understanding; understanding is much more important than agreement I think in having change, effective change take place.

Midwestern State University early accreditation planning involved the leadership and guidance of Maurice, head athletic trainer, and Don, Approved Clinical Instructor.

One immediate goal surfaced as they pursued the undergraduate athletic training accreditation and moved away from the internship athletic training program while searching for an undergraduate athletic training program director.

Don and Maurice, together with the remaining members of the athletic training clinical staff, prepared to review, delegate, communicate, and organize for the best way feasible to institute an accredited planned change program.

I mean our feeling was we didn't want to reinvent the wheel. Like a lot of programs have been out there already that are up and running. We had you know—we swallowed our pride. We called everybody, how are you doing this? How are you doing that? Let me talk to you about this and let me talk to you about that. So we absolutely used our friends around the country to get information. We felt that we needed to be—if there is going to be 350 programs, we need to be different. Like why—what's the difference between going to you know North University or Peach College and North Western State. They are all the same. If the curriculums are the same and everybody learns the same thing, what's the difference? Well you know what...we are different. We are in a unique college of study. Like we felt like we were all going to play that out. So that was kind of our planning strategy. (Don)

There were people here, we knew that we had kind of to go through the—back then it was the domains and separate some things out. You know so it was—there were five or six people that really wanted to get involved in part of this process. And so that was kind of the core group. And then we would continue to communicate with everybody. And then the challenges going through all of these committees and all of that was good for our staff, because it was a cohesive builder. Some other things that we did was we knew that we needed more staff and so we worked to you know get our administration to understand that and recognize that, which then said okay, now with this ratio it's not an issue. So when Dr. Alice came in a lot of the hurdles that a lot of places have, there just weren't any. (Maurice)

Once the initial planning was organized and implemented by Maurice, Don, and the remaining clinical staff members of Midwestern State University, Dr. Alice was hired to complete the remaining administrative details for the pursuit of accreditation.

So seeing where we were, seeing where we need to be with the standards and guidelines and started to—at least I started to put together a plan up here, all the things that we have to change. And then we started to try to implement a few of them at a time as we went through, rather than trying to do it all at once. (Dr. Alice)

Change strategies are dependent on support or resistance by stakeholders involved in the planned change. Dr. Anthony's initial strategy entails a philosophy on the description of allies.

And here is my understanding of how I think you feel about it and if I'm wrong, tell me so I can understand exactly where you are. And just kind of get them on board that way. And in some cases, they will remain opposed to what you want to do. But some of them might shift over to being your allies. And when it comes to allies, there really are two kinds. Those that not only agree with what you want to do and who are going to be pretty supportive of what you want to do. But also have the extra benefit of being authentic trustworthy people of their word.

Dr. Alan was recently hired to direct a current undergraduate accredited athletic training program at Southern State University. His task was to continue and improve on the direction of the previous program director's successes. His

planned change strategy was to create a list of program's strengths and weaknesses prior to moving ahead in his planning strategy.

I must develop this network and show them that just because of the change in leadership that the program was not going to stagnate. That it was going to continue to do well and essentially get better and better. That was the earliest part. I was collecting what are the weaknesses of the program. What are the opportunities for us to expand and do different things? What are the threats to our program? And what are the strengths and things that probably don't need to be necessarily adjusted right away. So I could then prioritize and setup. And then I would bring the faculty together once a month, if not more frequently, and we would look at let's tackle these two or three things this month. They were small enough bites that we could implement them and make sure that we were taking care of business as it came.

Next, Dr. Alan noted that he must develop trust among his institutional stakeholders.

I think the staff initially just wanted to see what was going to happen. And there again, it was a matter of earning their trust, up to the point of when we had our site visit and everything looked good here and they knew that I had been through it before in a smaller school, all of a sudden had a certain degree of—what's the word? Not authority...they knew that I could do this job. They knew that clearly here is somebody who has gone through the whole process two times, almost single handedly in a way, although there were certain players and stuff like that. And so I had that—okay, let's listen to what he has to say. Let's buy into this.

Therefore, once Dr. Alan had created his list of program strengths and weaknesses, created a sense of trust and competence within his institution, his administrative duties continued on learning about his current educational culture while writing the self study requirements.

Step one was write a comprehensive self study about a program that I knew very little about and so it was a tumultuous first year just trying to learn as much as I could about the administration, about the program, get the coursework in place and then apply it for the site visit-submit the self-study and apply for the site visit.

The second major step for North Eastern State University was a continual aggressive pursuit to sell the long term vision of the undergraduate athletic training accreditation program to their institutional administration. Mark describes his institution's long term pursuit for accreditation that lasted three to four years in planning.

And then the second biggest challenge was trying to convince not just the department chairs of people in the Physical Health Education Department, now called the Kinesiology Department that we needed to go the accreditation route. And not just convincing them, but then the vice president and the president of this university is really—has his hand in everything. He is a great person. He is a great, great person but he has his hand in everything. Almost-I use the word loosely “micro-management” in a sense. I was trying to convince him and I prepared information for a year plus, why we needed accreditation. And this is where it could take us. And it seemed the CAAHEP rules and such is making us go that route. And the president-within a five-minute meeting with the president said we are never going to do it, we won't do it. Never bring it up again. It will never happen here at North Eastern. We brought that back to the drawing board and didn't give up. Really went and sold our information and got our Physical Health Education Department on board and told them how it could benefit our program. They were looking for a program that could take our PHE Program over the top. So the approach right now is involved with all the meetings and with PHE being adjunct faculty as well, I convinced them this is how I felt the training could really take us over the top and get us more support across campus. And they bought into it. So now we've had a very aggressive department chair that was taking this and kind of going around the president and trying to get vice presidents on board and the Dean of Academics on board. And low and behold, after several years, three or four years of really pushing, pushing, pushing, they said yes let's do this. We brought in a consultant right away and brought in a consultant to come in. So I think what happened eventually is we kind of got stagnant a little bit and our department was saying alright Mark, this is all coming from you, give us more information. So I was giving them information as CAAHEP stuff was coming out and they really weren't following, so I thought bringing an extra consultant, and now they can hear it from someone who does this for a living and it would help our program out and it did.

The next step granted was for North Eastern State University to pursue accreditation and hiring the undergraduate athletic training program director to

guide this planned change. Dr. Arthur's early planning strategies involved the review of CAAHEP's standards and the communication opportunities within the clinical staff. Dr. Arthur noted his early difficulties in the process.

Pretty much the way it worked is as I went through each standard and saw where we were at and where we needed to be, then I would usually bring it to the group and we would all meet and discuss it. And it seemed like the staff didn't have as much ideas about what needed to be done. It pretty much falls you know, I said but this is what needs to be done and they trusted me and said okay go ahead. Talked about it, you can handle that or whatever. I would give them things you know this is what I'm looking at and I'd give them a packet and the information or whatever and I'd say review it and get back with me. Whether they did, yeah review it and they didn't get back with me, so I just continued on and went through it that way. So we tried to have it where we would set up a plan, we would have plenty of discussion beforehand before we actually implemented it. And try to then figure out what kind of steps we needed to take before we implemented it and so forth. It happened so quickly, I would have to say it didn't work that well.

Planning Strategy Problems

Several problems developed through the early planning stages towards accreditation. Dr. Allison shared her philosophy in the earlier planning stages. Her basic plan was gain initial credibility within the institution and the department of athletics.

I did not do my homework here to be that successful. I didn't—I just thought I could do it, you know. The clinical model here is so foreign. I went by gut feeling because I'm not real organized. Biggest thing I think is we needed to get credibility. So that's why as I said, we need to be visual to the athletes and the coaches. You know and then that word kind of spreads. So that was my basic plan, gain credibility and then see what we can do.

Dr. Ashley's planning approach for an established undergraduate accredited program was to improve upon the educational and clinical environments. She noted the need to hire a clinical coordinator, thus freeing her to improve upon the

proficiency of her job and the betterment of the athletic training student's clinical experiences.

And I would think if you are talking about trying to put together planning, the other thing is that this job now, the program director job is too big. You can't be a clinical coordinator and be the program director. And I was doing that and not doing a good job of clinical coordinator. I was doing enough so that we would meet the standards, but not really doing the job. And we got our new clinical coordinator in here, which was the best thing that happened to this program in 10 years.

Planning Styles

Planning styles vary according to individual and institutional level. The undergraduate athletic training program directors and head athletic trainers shared strengths and weaknesses of their administrative planning styles.

Dr. Alice's emphasis on vision and focus is depicted as a positive and negative planning style.

One of the strengths of that is I do have a clear vision and focus. That's also a bit of a weakness because sometimes my clear vision and focus isn't quite on par where other people's clear vision and focus happens to be. But, one of the strengths is I know where we need to go because I've seen what I want it to look like. So I guess that's probably the strength of my planning style is I know where that end goal happens to be.

Organization was a major emphasis of most administrators. Dr. Alan's philosophy revealed that without organization in planning and leadership, failure is a possible end result.

I tend to be highly organized and I think that is critical for the role of being a program director. If you are not capable of the organization that it keeps to shuffle the program needs, the curricular needs, keep up with your teaching, your scholarship and so forth, it is a failure essentially just waiting to happen.

Another organizational style shared by Dr. Alan is simply to listen and maintain a willingness to change in a situation.

But my organizational style, I'm not sure if I can pinpoint an actual label and marker on it, but certainly...I don't have a tendency to just again expect my decisions as being overly final. I always leave room to listen still.

Maurice responds simply to his weaknesses in planning styles and perhaps the accreditation process.

My weaknesses in planning are probably being too naïve, being naïve to the process.

A self reflection had Dr. Allison sharing her philosophies on administrative planning styles. Her main interest was development of positive processes for the athletic training students and her clinical athletic training staff.

Even though philosophically, I think the students need to have more autonomy than what the programs allow them to have. So if I were a harder, more dogmatic person that could have probably made the program come out better. But also, I don't think it would have helped the process. I think the process, to allow Michael to gain that credibility to be comfortable with who he is, was probably more important than me feeling good about myself.

However, Dr. Alan places his role of the undergraduate athletic training program director in proper perspective. His strengths and weaknesses focused on the delegation skills as an administrator. He mindfully supports program autonomy over collaboration in program directors duties.

I think some of my strengths and weaknesses could be the same thing. And what I mean by that is, I tend to not delegate maybe as much as I could. And this has nothing to do with trust of those working with me, it has to do with they each have their own agendas and they are not—they weren't hired to be administrators. So I tend to absorb the program's directorship as something that I was employed to do and rather than tell others what to do, I just take that on. The neat thing about that is, it maintains consistency. All the reports, all the documents that come from this program look very similar. They are all written by me and they have the same authorship, so they are very consistent. The disadvantage is it doesn't have maybe the sense of teamwork that it could. I think that they—the Joint Review Committee expects groups of faculty to work

together collectively and pull the athletic training staff into a self-study process. Make sure that everyone is involved. And I've seen programs do that. I have seen—I haven't done a tour with them, but I have seen programs where the program director essentially says you do this, go find all the books in the library and make a list of them. And you do this, go look up this information and they delegate all that out and then they have their own roles. And what they end up getting back from these resources is maybe not exactly what they had intended. And then it means more work, going and making corrections and so forth. And so some would argue that I think that the way that I did it is both a strength and a weakness. It was maybe something that is a good thing to do because I maintain that autonomy and single authorship, but at the same time I probably could have involved the team and had other players participate in this process a lot more. But I don't feel like I'm—I'm not training others to be program directors, I'm training myself to be the best program director that I can be. And so that's why I just do it.

Planning Resistance

Despite early planning strategies, planned change faced early opposition and resistance among stakeholders. "Change invariably creates conflict" (Bolman & Deal, 203, p.376). Resistance was portrayed through a lack of communication, a feeling of a lack of ownership, or a conflict between educational and clinical athletic training staffs. The resistance at two previous athletic training internship programs shifting into accreditation faced resistance among athletic training educational and clinical staffs.

North Eastern State University faced staff resistance during the early stages of accreditation. Dominick, an approved clinical instructor, discussed his interpretation of a lack of communication and too much change without staff ownership.

It was here, this is what you are going to do, you have to start this year on these tasks. And we would have to sit back and say this is our job but- Yeah, I'm flexible, but if I get something thrown in my lap and they say this is to start now. It's just like okay, I'm like we are doing this now. And I don't know, I felt—I think he made it just come out pulling everything, I

thought how are staff going to handle these changes and that all of a sudden this semester we are changing something. I was like wait, we can't just change it right now. We would have to sit there and work to figure this out. I think all of us were pretty original, we work together really well. I think that's where we decided what we needed to do. And he was just talking to other programs and stuff where the program director and head athletic trainers' don't even talk. They look at each other. I think that's what is different here, where we can sit back and we tell the program director how we feel about this. I can tell the head athletic trainer how I felt about that and what I heard. And we can try to come up with some kind of a conclusion where we can compromise, probably where we can't compromise in CAAHEP but we have to just do it.

Dr. Arthur's interpretation to the clinical staff's resistance was his honest appraisal.

Yeah, direct words right at me-saying hey, no, we are not doing that. So it was pretty obvious that we aren't ready to make that change yet. Or at least the way I envisioned it or planned it or there you go.

Dominick concluded on his feelings on why the resistance was present in the athletic training clinical staff and immediate sense of change directed at them.

I think it just felt like one minute we felt like we were on the right track and the next minute we were just scratching it all and starting again with something new. It's just like—I don't know if it was Dr. Arthur was still unsure of certain things that was going on with CAAHEP that he needed to be—because I remember when we were preparing for that site visit, one day it was just like all of a sudden, everything flipped around, switched around and did a whole 360 and we were back at the drawing board. Because he had went somewhere and heard this and this and this. And I'm like this isn't good, because it just felt like we were just jumping in. We weren't sure of everything right away and we weren't sure what was going on. But it was just communication, having us going out or communication wasn't there.

Midwestern State University faced resistance along different fronts during their transitional period towards CAAHEP accreditation. Maurice and Dr. Alice attempted to understand each other's vision and permeate the present internship

culture that had existed. Both parties had a vision of the accreditation process with a needed willingness to collaborate together to achieve their program goals.

I think both of us or all of us. I think that we knew what it was. I think also and maybe naïve isn't a great word, but I think the first year, if we had to do over and I don't know if this is what you want or not. We knew what we wanted, but we thought that it was like this—I kept telling everything that it's the mayor, it's your kid, father or whatever. But I think in that first year, we might have been the partner that had the more dominant personality. But also knew it and really laid back and let the other person really you know get up and get established. And then when it was apparent that some of those things weren't what we wanted after that first year, then we had to kind of go back and discuss and discuss. (Maurice)

Dr. Alice explains her vision and reasoning behind the choices she implemented during this educational transition. Acknowledging her planning weaknesses, she has improved in breaking down the resistance of the clinical staff.

There is a lot more tension between clinical staff and academic staff. And having gone through this role for a couple of years, I can see how that would come. No one likes to be dictated to. And it was sort of a I understood what needed to be done and instead of taking the time to explain it all to everyone, so that everyone understood the whole thing, I was going to make it easy on you, I was going to tell you here are the pieces that are yours and here is what you need to do. And I have come to learn that that doesn't make it easy on people. That just makes them out of the loop and frustrated. So I have learned over the last couple of years to try and lay out, here is what needs to be done. Here is how it fits into the big picture. Here is the end goal. So here is why your piece is critical and what you need to do. I don't think that I'm good at it yet. But, I think I am getting better.

Maurice reflected on the transitional thoughts from the head athletic trainer's viewpoint. He was aware of the clinical staff's resistance and created a vision of an accredited athletic training program as a goal. With his goal in site, he had planned on a challenging collaborative effort in the early stages during the planned change.

Because we didn't just want to come in and use the front door drill and say look, this is the way...we've always done it this way and if you don't like it, leave. We just felt as a group that wasn't beneficial to the whole goal. It wasn't beneficial to the students. So we kind of said okay, you have the expertise and knowledge, you need to let us know and lead us how this is supposed to go. I just hear so many people talk about this person telling us we have to do this and this person telling us we have to do that. And Dr. Alice has not done that or if she has attempted to do it, if it's something that we need to do we will do it. Or if it's something that we don't want to do, we will just kind of burr up and sit down. But it's never been nasty, you know.

4. *To what extent were the athletic training stakeholders involved in leadership roles during the planned change process at the institutional level?*

Leadership can be a subtle or direct process that is defined by a great amount of positive attributes. Bolman and Deal (2003) reported that the three universal traits of a leader are vision, passion, and trust. However, beyond these three attributes, the consensus breaks down. This long list of leadership traits may include,

risk taking, flexibility, interpersonal skills, task competence, intelligence, decisiveness, courage, and understanding of followers. The oldest reliable finding is they are smarter and work harder than other people-but there are many brilliant hard workers who are hopeless leaders (Bolman & Deal, 2003, p. 340).

Leadership Traits

All three positions of certified athletic trainers shared personal feelings on their thoughts reflecting on leadership. Dr. Anthony's foundation for leadership was supported by his vision.

I think I also have an ability to visualize what I want to happen before I start the process going, so begin with the end in mind. Leadership is the act of bringing a group of—providing a vision for a group of people and bringing them along to help accomplish that particular vision. And so it involves not just the leader, but it involves—and all people are going to be

working with the leader in doing that. And I think that that's actually a fairly well accepted definition for leadership.

David describes the leadership traits of communication, flexibility, and passion as essential. The service component and compassion for people and athletes is a necessity.

Communication one, flexibility number two and then I used to think and I still think whether I'm teaching or whether I am service component, having a passion. A passion for what I'm doing and a compassion for people, whether dealing with injuries, I need to have a lot of compassion for what they are going through and trying my best to help them through that.

Leadership traits that revealed personal attributes such as social skills, communication skills, and understanding of others were defined also as valuable according to the certified athletic trainers.

Organization is prime...people skills. Sense of humor, I think that it is important that we be able to laugh at ourselves, as well as our shortcomings and things like that. (Dr. Alan)

Well I think a leader has to be articulate and has to have good communication skills. Has to have a feeling of confidence and sure of himself. And yet understanding in the sense of other people may have ideas, even though he has that role of leadership that he has to listen to people and have a degree of understanding, you know I think with that then he becomes a leader. Otherwise, he separates himself from his constituents, if you will. And you know it just doesn't—he's not very effective. (Murray)

Patience is a virtue shared by Dr. Aaron. His understanding of leadership skills involves listening and sharing, both reflective of his quiet, self-reflective demeanor. His professional and reflective personality allowed him to mold into the current culture at South Western State University.

I think a leader has to be patient, a patient individual. I don't think that a leader can react acutely to issues and display probably what's considered some loss of mental control. I think they have to be able to see problems

and sort of internalize it and less externalizing before they allowed themselves to be shown to other people. But that comes in a lot of different formats from a standpoint of maybe you have to get away and walk away from a situation to internalize it. But I think if you are trying to be a leader you need to set a good example and to me that's a part of mentoring. So others understand how you deal with problems and see your willingness to hear other's issues. They have to have a good listening ear and be willing to listen. And I think that my life training skills, things that I've learned through as I've studied the Bible and scriptures have made- have helped me to understand what a leader needs to be. It isn't definitely somebody who just wields authority with a heavy hand. There seems to be those people who I think have done the best job of leadership and then the people that have been willing to listen and hear problems and then seek wisdom to make changes. And so I always think that I am after seeking wisdom. I don't think I've obtained it at all.

A servant leader was a style of leadership shared in the athletic training profession. Servant leadership is a model described as assisting and helping others behind the scenes while creating a sense of ownership within its stakeholders. Servant leadership, according to Matthew and Dr. Allison allows an individual to grow personally and professionally

I think the athletic trainer practitioner leader is a servant leader. And I know that's kind of a becoming a pretty hot topic in leadership books and things. I think it is a serving profession, after the games are over we take care of what we need to take care of and while the team is out in the hallway celebrating their victory or commiserating in their loss, we just kind of walk out the hallway and walk out the backdoor and go home. Nobody knows that we are there. Nobody knows where-you know we have no bearing on the game per say. (Matthew)

I like what I call being a servant leader. If I can enable the people around me, they can pull me up the hill. If I can see what each person needs to be successful in their own mind, see how that plays into our scheme of things, how can I then help those people be successful in their way, which inspire them even, then help the big plan. I don't know if there is a model that says that. (Dr. Allison)

Dr. Aaron's description of leadership can be depicted as servant leader with an emphasis on understanding oneself in difficult times, admitting mistakes, demonstrating humbleness, and moving forward to challenge new situations.

I think that they understand that I am committed to them and I think that leadership has to demonstrate commitment, to demonstrate to themselves a commitment to demonstrate humbleness/humility when things haven't gone that way and be ready to take the weight of the error as well. But still indicate the battle is not lost and that we are just going to go about it a different way. It didn't work this time. Apologize, make amends, correct the issues that have been crossed out and come back and be willing to start again. So a leader has to do that.

Marco's distinct leadership style as a head athletic trainer is reflected in his administrative structure within his clinical program. A sense of team togetherness and ownership was interpreted throughout the session. A style of non-autocratic leadership was modeled throughout the stakeholders in the clinical and educational athletic training environments.

Patience, good listening skills, organized...I like a team approach, but there are good leaders who are not team oriented. I don't like—I can't stand micromanaging, so give a person a task, give them a deadline and let them go. Don't tell them it has to be done this way. I've never been autocratic. Probably sometimes to a fault though, you know where I should have given a little more guidance. But I like that ability to make them feel like they have ownership...letting people come in with ideas and listening to those ideas. You know here is what we want to do, what are your thoughts? You know let's talk about this as a staff, what's the best for us? I think the other thing is praise your staff often. Don't just assume it is part of the job. And I don't do that as often as I wish I would.

Two undergraduate program directors depicted their weaknesses in leadership styles as a positive attribute. Dr. Alan shared that a complacent attitude can be a downfall for a leader. Dr. Anthony states that admitting your weaknesses in leadership is a necessary trait of knowing what you need and who you are.

An inability to do that leads to, to me, complacency, where you just kind of take things for granted. And that can be a weakness essentially of a leader. It just says well the ships due to sail and I don't see any storms in the immediate forecast, so we'll just keep taking this direction. (Dr. Alan)

It has been personally sort of hard because nobody likes admitting what their weaknesses are, especially when it comes to something like that. But I realize that is an important thing to do. And it all just comes down to not kidding yourself. So many people and leaders, so many people in leadership positions kid themselves about what the reality and what the real world is. And I'm capable of kidding myself from time to time and I'm trying to do better at not kidding myself. And it's a real fine line, because what you don't want to become is...you don't want to become pessimistic. (Dr. Anthony)

In conclusion, Don speaks as a true head athletic trainer when he defines his mental model of a leader. "I think leadership starts at the top and good leaders I think will hire good people around them and let them do their jobs."

Is There a Difference Being a Leader in Athletic Training?

Does a leader in athletic training depict other attributes specifically for the profession? Dr. Aaron and Daniel feel that there are differences. Thoughts regarding experience, hard-work, and respect were several factors shared.

I think the person-the individual needs to be a willing mentor. And that the leader in athletic training, that person did not get that position in the end by just acquiring a lot of knowledge. That comes with experience as well. Making mistake and adapting to those mistakes or coping with the changes that mistakes may have made. (Dr. Aaron)

Is able to command the respect of the athletes and the coaches, but not necessarily demand it, because I don't think that works very well. When you just go up and demand that they listen to your opinion or that they respect you. But if you can show through example that you are capable of doing your job and that you are going to have their best interest in mind at all times, then you are going to be able to earn their respect and develop some sort of leadership ability, as far as the generic athletic training. (Daniel)

However, Dr. Anthony does not believe any different skills are necessary for an athletic trainer in leadership positions other than understanding the culture and profession of athletic training.

I don't know that there is any difference between what makes a good leader generally and what would make a good leader in athletic training, other than the understanding of the profession and the understanding of the culture of the profession that you would need to be a successful athletic training leader. But you know the communication skills, the sense of involving people in moving the program ahead to the degree that they at least understand what's going on. You know those are kind of generic traits I think-generic skills.

Manager vs. Leader

As the discussions continued about leadership and the attributes for an athletic trainer, Dr. Ashley, Dr. Aaron, and Dr. Anthony evolved their thoughts towards the distinctions between a manager and a leader. Bolman and Deal (2003) reported that effective managers can be described as devoting much of their time on communication and human resource management, while the distinguishing model for a leader are strategic planning and networking responsibilities.

Dr. Ashley's shared her distinguishable traits between a leader and a manager as an ability to implement specific objectives. The implementation of strategies within a deadline was her determining factor.

I just kind of think leaders are people that have ideas on things that need to be done. And they can formulate other people together to come up with plans to implement to determine what's practical and what's not practical and they can convince them that this is the best interest that you have in the direction that you need to go and they throw out all kinds of wild ideas. And I think that's distinguishable from a manager, who can describe a set of principles and say okay, a leader says this is what I've got to do, this is what I want to implement. This is how this needs to go. And a leader has convinced everybody else that this is what is liable, this is where we want to go. The manager is the guy who can actually do the nuts and bolts implementation of that thing. I almost think that leaders can

implement everything and make it run real smooth, managers can't do that. I don't think they can always. I think some of them can. Some of them can be both a good leader and a good manager, but I think some managers that are out there are better of implementing and some of the people who really are leaders, they can convince you what to do, but they don't really have the dot the "i" and cross the "t" mentality that is necessary to actually implement it, okay? At some point and time, everybody has got deadlines they've got to meet and managers make the deadlines. And leaders don't necessarily make the deadlines. The leaders do have the ideas about this... will be real good for this and this wouldn't be so good for this, but they don't always make the deadlines.

Dr. Aaron's distinguished between a manager and a leader by one's inability to yield in challenging situations. A leader will collaborate and seek others feedback in developing options to create a solution.

In distinguishing those two topics, a manager from a leader...I think a manager probably represents a more unyielding role. From the standpoint that they have a job to do and if they want to maintain the management position, they need to do that job that may potentially be at all costs. Where a leader would look at I still have the same job to do, but I think there is more than one way to do it. And he's not going to say it needs to be just my way, but it can—but if it is just my way, we are going to be able to—I'm also going to accept some feedback and looking close on certain things. Manage—to me, the word management indicates you know sort of an unyielding change. A leadership is sort of a perceptual change, you know process-link processes.

Dr. Anthony's difference of the two positions centered on the daily transactional activities and the time needed to complete. His administrative detailing describes his daily leadership philosophy in directing his educational program.

The transactional stuff that just goes on day to day to day. When I am making out the schedule, when I'm working with the budget, when I'm you know writing this annual report, I mean that stuff is the transactional stuff. And that's about 75% of the stuff of what I have to do. But the other 25% is absolutely critical for moving us ahead and you know that's the anatomy thing, the anatomical kinesiology, the bio-mechanics, the curricular changes, that's you know this newsletter that we started-the departmental newsletter that we started this year, that's the web site that

we put in place—all the new entrepreneurial projects that are really designed to help move your program along. Some of those you can do by yourself, you know like this newsletter you know you can kind of do by yourself. Your web site you can kind of do it by yourself. I mean you need technical support and staff support to do them. But you don't need to have big long meetings you know with the faculty to kind of get them on board for that. You need to ask their opinion and you need to make changes—but the other things are bigger because they involve more money and they involve more people's turf and frankly, people have stronger opinions on them like this curricular change.

Communication

The majority of the athletic trainers voiced a need for their leader to be a strong communicator. Dr. Anthony's responded with his own assessment involving communication in the field of an educator.

My strengths are that I'm a good communicator. I communicate clearly, both orally and in writing. And people generally know where I stand and what I mean. That's very, very important.

Dominick and Murray shared their views on the traits of a leader combining organization, time management skills, and confidence with the essential attribute of communication skills.

I think you have to be very organized and have very good time management to be a leader in athletic training. A very good communicator; you have to have awesome communication skills. You have to deal with all kinds of people. Being reliable. (Dominick)

Well I think a leader has to be articulate and has to have good communication skills. They have a feeling of confidence and sure of themselves. And yet understanding in the sense of other people may have ideas, even though he has that role of leadership that he has to listen to people and have a degree of understanding, you know I think with that then he becomes a leader. Otherwise, he separates himself from his constituents, if you will. And you know it just doesn't—he's not very effective. (Murray)

Dwayne and David supported the earlier statements about their commitment to the leadership trait of communication.

And if the person that possesses all those other things, usually sometimes have strong communication skills, that allow him to succeed as a leader. So for me, you know I see it as opening those lines of communication to everybody, because if you don't have that I think it doesn't fall into place. You can have everything else, but if you can't communicate with the band, forget it. (Dwayne)

I mean I feel now that—communication. It doesn't matter what you are in, you have to be a good communicator and you have to be-as we talk about change, open and willing to change. (David)

Program Director vs. Head Athletic Trainer

Who is the leader of an athletic training program? Does the educational undergraduate program director guide only the educational aspect of the accredited program and does the head athletic trainer only direct the clinical portion of athletic training? Over time, the head athletic trainer has shifted leadership responsibility to include administrative opportunities and the day to day operations of an athletic training department. The question of “who would you label as the leader of our athletic training program” was posed to all certified athletic trainers.

Dr. Alice's initial response swayed towards the head athletic trainer as the leader of Midwestern State University. However, her response was clarified later in the dialogue.

I think that depends on the role that they are in. The head athletic trainer like Maurice in a major Division I institution really needs to be a micromanager. They need to be a strong negotiator, because that's how you function in Division I athletics. If somebody says this and you say no, they can't do that. We can do this and what can you do to help us get the resources to do that. By the time you get to that role, you are a pretty savvy negotiator. I have yet to meet a major school Division I athletic trainer, who is the head athletic trainer, who hasn't brought that skill set. They don't get to that role without it. And they tend to micromanage all those projects because they are in a position to do that negotiation. I can't function that way. I can't micromanage. I really function more as here is

what you need to do, now go do it and let me know if you have problems along the way that I can help you with.

At North Eastern State University, Dr. Arthur believes the undergraduate program director is the leader of the program. However, he sees issues at other institutions with this leadership style. Dominick, an approved clinical instructor at North Eastern State, expresses his reasoning for two positions in a leadership role.

It is an academic program, so when you look at the creation, the development, the accreditation, it falls under the academics and so I would say from that standpoint the program director is the leader of the program. I've seen a lot of institutions and know a lot of people out there, the program director tries to be the total leader and in charge of everything. And I can't say that that works. (Dr. Arthur)

I think Mark is an awesome leader. He communicates well to everybody. He's someone—I think he is a leader, he is someone that people feel comfortable talking to and everyone is very comfortable talking to Mark. Behind closed doors, athletes or other students who just want to talk. I think he is strict, but fair. I think that's something you have to be too when you are a leader. And I think people—you know the students accept that. He's strict but fair with the athletes with the rules are here in training and sticking to them with everybody. And nobody gets-just because you are the ball player you don't get special treatment. I also think Dr. Arthur could be in his field. He has an open door and people can discuss all those things. He also shows self-confidence in stuff that happens. You have to have self-confidence when you are a leader in your confidence in your skills and things. (Dominick)

Daniel is an approved clinical instructor at South Western State University. He supports the leadership role of Dr. Aaron in the undergraduate athletic training program.

I would probably say that Dr. Aaron is by far the leader of the institution-or of the program. Mainly because he works for the institution, he is the school representative of the athletic training program. I think it would definitely be Dr. Aaron because of his ownership of the program and just the fact that it's been his project. He was brought in to develop an

accredited program and to finish off the development of the accredited program.

The undergraduate athletic training educational and clinical programs at Southern State University shares similar goals and program respect. Dr. Alan and Marco support a collaborative team leadership effort due to similar philosophical and administrative styles.

Each one of us is a member of a team. You know if there is a captain, it is probably dual captains between Marco and I and I'll use the sport analogy, if you don't mind. But I think each one of us have certainly a role if it were a basketball team, if one on five, it wouldn't work very long. And so each member of the team has to have a role and so our ACI's and our CI's and our faculty and staff, otherwise have identifiable roles that are very important to the success of the program. (Dr. Alan)

I would say both Dr. Alan and I are leaders. And again, with same leadership styles. Very similar to how we would like to do it. But I would say in our respective areas, we are both leaders. You know you want to set an example for your staff, but you want your staff to have some individuality and come to the common goal, which is what we want to do and that is to help—take care of the athletes in our respect and then on the academic side, give our kids the best experience educationally. So I would say obviously, I would say would be—would serve that role. (Marco)

Midwestern State University shared similar, but yet different leadership role findings within its athletic training departments. Dr. Alice directly states her understanding on the leadership role in educational and clinical settings with the head athletic trainer.

I think a lot of our staff would see one person as having the role of a leader of their departments. I see that role being split between two of us. And I think that it has to be that way. There is no way that you can have academic credibility at your institution if your program is being under the direction of the athletic training staff and the head athletic trainer. If you do, you are dead in the water. You know as you are evaluated for tenure and as your program is evaluated institutionally, you are not seen as being equal and on fire with the other programs in the academy and you will get nowhere. You will have no credibility. You will have no voice. And eventually you will have no control, even over what your own program

does because someone will reassert that for you. So as we look at it that way, the educational program has to be run by a member of the academy. The clinical program cannot be. There is no way that I could even begin to pretend that I could run the clinical program at this institution. I don't have the connection. I don't have the day in, day out little negotiating to clean all the different elements that go into that. I could not possibly do that role. I'm not trained for it and I don't want that way.

Maurice's response to the question was focused on the clinical aspects of the athletic training program. His response was focused on the field of athletics.

I think my position, whether it's me personally, but I think the position of the head athletic trainer, you know at least here. Because we impact—I think we impact from a change perspective the most. In other words, we are going to be with coaches day to day, with the student athletes day to day, we are with our athletic training students day to day. We are out in all these facilities day to day. And so I think we just by the very nature have the most influence and/or impact on various groups. And so if we are going to sell something or we are going to not do something, I think that's what is going to happen. So I think whoever is in charge of that group needs to have a pretty sharp clear vision and say this is a good idea, this is what we are going to do.

Don concluded with the theory that a multiple group of personnel are needed for leadership roles and in the directing of change. His statements profess the challenge that Mid Western State University has confronted in its transition from internship to an educational athletic training program.

So I think our head trainer has done that. I mean I think we have a great staff. I think people do their jobs. They are into their jobs. They do them very well. But I am concerned that over time if those three people have issues and problems, program director, athletic director, head team physician, head athletic trainer, if those people aren't continuing to be involved in change, then it is going to trickle down that we are going to have some issues. So I am very anxious to see what's going to pan out.

5. *To what extent were communication systems incorporated during the planned change process at the institutional level?*

The leadership skill of communication is “by far the most important element contributing to the success of a planned change process” (Lippitt, Langseth, & Mossop, 1985, p. 111). Lewis (1999) reported that although the literature states the type of possible effective channels for communicating information, current research is limited about the patterns and various channels used for disseminating informational in planned change situations. Communication involves many aspects of planning in a change program. Issues include the type of communication, ownership, feedback, preparedness for change, and concerns.

Staff Meetings and Content

Current athletic training issues were discussed in staff meetings involving clinical, educational, or a combination of both athletic training departments. Weekly meetings were the standard approach for most programs with educational and clinical staffs meeting together.

We meet weekly as a staff and we have you know our staff meetings are from a service component when we need to address. And then okay from an educational component where we are, the implementation of the program into the catalog, getting it accepted by the faculty as an accepted major. We were all involved and updated on that as far the physical writing of proposals and plans. (Michael)

I think our primary pipeline as a staff is now weekly meetings, at least one meeting a week to try to head off some of the communication problems. We realize we have communication problems. We know that. So we meet periodically to try to head stuff off. Now we kind of have this—we have a rule in a sense amongst us that if a student comes into my office and says well Mark, Dr. Arthur said this. We don't argue. (Mark)

We meet once a week. We have an ACI meeting once a week and that type of thing. And we sit down and talk about the issues. We discuss

student issues. We discuss program issues and divide those student issues really disciplinary or anything that we see that isn't going well. And they inform me typically on things that I don't feel—I bring to them the program situations. The changes that I will get because of my links both on—I try to keep them up to date what it's going to cost the list serve, the educational list serve. Because it's a good point to—we'll talk about issues. (Dr. Aaron)

Several institutions instituted monthly meetings. Both the educational and clinical athletic training staffs are involved. Southern State University may meet once a month, however due to the structure of their building, communication is simplified for the educational athletic training staff by simply walking down the hall to communicate.

We have monthly meetings at a minimum. But because we are all on the same hallway, we can have impromptu meetings more frequently than that. (Dr. Alan)

We meet on a monthly basis for about an hour, hour and a half, on input as to new changes of curriculum. That's happened since our clinical coordinator has been here. And that's been something that I really fought for. Kelley came in and we kind of said this is what we need to do. (Dwayne)

I think communication and keeping everybody on the same page is a bit of a challenge. But I think it has worked well for us. I think we've tried to do—our staff meetings we don't need every single week, because then I think people begin to tune out. (Maurice)

Several institutions chose to not meet at all to discuss current topics or issues. Early in the planning stages, Northern State University did not meet and have since forced communication since hiring the clinical coordinator position. North Western State University does not have any type of formal meeting schedule. Dr. Anthony feels this may be weakness on his part even though informal opportunities exist among staff members. However, Dana strongly believes more formal meeting time is essential.

We really didn't meet at all. We just kind of—it was hit and miss. A phone call here and there. Here is what's going on. It was a kind of a little—there were a lot of rocky relationships. (Dwayne)

You know we don't have a formal meeting schedule for the athletic training program. Frankly, it's probably a weakness. We probably need to and I just haven't done it. You know we see each other informally so often, so frequently that I suppose that's one of the reasons I haven't done it. But I do think there might be some value in it, just so we can regularize some communication. (Dr. Anthony)

I think our program would be a little better if we did have like every other week formal athletic training meetings between Matthew and Dr. Anthony and myself and maybe once a month have Sara, who is out at the rehab facility, Dr. Olds is our team physician, who has a student and Leslie who is out at the high school where we send students. You know once every two months even or once a semester, have a meeting where we are all there. I mean that's one thing that I would like to—I wish we had a student program and I wish that we had more scheduled staff meetings. But I also know that Dr. Anthony, between our department meetings and his other meetings with department chairs and other administrative figures across campus, I'm sure that's what he needs is one more meeting. So really you know he kind of stops in on an informal basis and pretty soon we are all powwowing in Matthew's office. And so our communication tends to be more of an informal level I think. I wish it had more structure, but ... (Dana)

Maurice shares the personal rules and style of their staff meetings and the openness of the communication.

But our kind of thing is when we have a staff meeting, we go in and the door is shut and there really are only a couple of three rules. And you can say whatever you want and it stays in the room. You can't get personal or negative with any one person. And you know lastly, we are going to solve the problem. And I think sometimes the staff took it too literally, but it was very open and honest and candid communication.

Meetings involving the educational and clinical athletic training staff were used to share current CAAHEP policies, ACI training, or athletic training student updates. Communication between the two departments was open and positive for long term planning.

So the meetings now are specifically toward the accreditation.

Accreditation changes, issues with student athletic trainers, issues that effect our program, changes that need to be made and hey, I don't feel our kids right now are getting good experience. Their evaluation in blah-blah-, their ankle taping, you know whatever it might be, those communications happen now a lot. They are really open. And I really feel right now that we have got our program headed in the right direction. (Dwayne)

You know we talked about it, try not to have more than five people assigned to each ACI. We sat and talked about who goes with what sports, as far as the under graduate students. We did the ACI training in August, figure out what date we can do that when everybody is on campus again-when the contract started. So yeah, communication is good. If we have issues with students-if I've got an issue with a GA over a sport, students have a problem with something and they come to talk, Dr. Alan calls me and vice versa if they come to me. So we communicate a lot on even those kinds of things. So I would say he had ideas, but he also bounced a lot of things off of me too from day one, which was really good. (Marco)

E-mail Communication

Electronic mail was used within several athletic training staffs to communicate issues, documents, or pertinent information.

So the communication is good. We stay in voice mail and e-mail contact with one another. You know if I'm not meeting with them, they will put documents out on the web and I will pick them up and read them. (Dr. Aaron)

Most of the time we get-like he will print out a bunch of the top-bunch of the List Serve entries on a topic and it will be like we are going to talk about it Wednesday, I want you to read over some of this stuff. (Daniel)

Dr. Alice a big e-mailing person. I mean we would laugh. Like one of my coworkers in my facility, she would say do I need to read this or not? Because I would read all of it-do I need to bother and I would say no, don't worry about that. Okay, delete, because you could get five or six a day. Yeah, big attachments and anyway, that was her way. Because she was in—I'm sure she was used to being on a smaller campus. I think they had I mean one building where the curriculum was at and then downstairs there was a training room, so she has always walked up and down. (Don)

Voice/Feedback

Feedback, a form of communication opportunities, can play a significant role within planned change situations. Feedback could be positive, negative, or simply the allowance of one to be heard through a personal voice. Allowing the certified athletic trainers to develop an ownership and share a voice about change issues varied throughout institutions.

It kind of made me a little upset that I didn't get any say at the beginning. But now we've gotten to the point where we are going to sit down here and it's going to take all four of us. Now it feels like it is all of ours program. But at that point, it felt like he was trying to take charge... the program director was trying to take charge and telling us this and this needs to be done and then expect us to just turn around and walk around and just do it. And we're like no... we would like to have some say into this. Why do we have to do it this way? (Dominick)

Dr. Alan would be willing to listen. He may not change it, but I think he would be willing to listen. You know and again, you never know I may bounce things off of colleagues and stuff and say hey, how do you guys do it at your place? I'm having this problem. Do you ever have this problem? That's always something that I do. I mean I've got friends in the Conference, friends all over the country. I mean so- (Daryl)

I thought the feedback was listened to and in most part implemented. And if it wasn't, it would be here is the reason that I can't, x, y, z. They had a part of it and they had a voice. (Maurice)

Megan and Daniel benefited from a smaller institutional undergraduate program with an openness and ability to include feedback with the athletic training students.

I feel like Dr. Aaron values our opinions and coming to us and asking us how we feel about things. I think that our communication is good for the most part. I think people hear opinions of everybody. (Megan)

I think being a small program, we are able to take feedback a little bit more from the students than you know if a student calls up and says hey, can I meet with you or talk with you this afternoon? And then we will have an

opportunity to get together and talk and see what they are thinking, what they are feeling. (Daniel)

Communication was continuously emphasized at Northern State. The CAAHEP changes were questioned and directed at the educational athletic training department. However, this constant searching for answers produced an increase in results and communication.

It was almost we got—we opened our mouths probably when we shouldn't have, hoping that it would bring about change and I think it varied just a little bit. But those changes, we kind of went back and said okay, here is what we want to do. Here is what you told us that was wrong, here is what we want to do, is that going to work? And so when we asked—I asked a question in curriculum, hey will it be a, b, and c, is this going to fit now? And they were like well we don't know either. We had better ask the people that told us we had to change. And so the communication I think was pretty good. (Dwayne)

Dr. Arthur's initial lack of feedback from the staff shifted his collaborative efforts into an autocratic style of leadership. He hoped to solicit feedback from his clinical athletic training staff for future long-term projects.

As I went through this to get accredited, I didn't receive as much input from the staff as I would have liked due to they were so busy anyway. And so I pretty much took things in place and said this is the way we are going to do it without a lot of feedback and help. And I think now that we have time and now that we are accredited, now we are planning and working towards reaccreditation, what issues do we need to address to fix before we get to that point. (Dr. Arthur)

Dwayne's position was selected to be the voice of feedback between the educational and clinical athletic training staffs. This position of leadership offered the clinical athletic training department an opportunity to be heard and involved in the educational standards.

It was both the clinical and educational staffs that got together. I think we sat down and we kind of elected a leader and I got to be it. And we kind of said you need to communicate back to the curriculum staff, to the athletic

training clinical staff, to whatever, that if you feel you are getting the slide, you need to let us know what that is. So I think those changes overall are going in the right direction.

Preparedness/Lack of Communication

Further discussion was directed to the trait of preparedness. Were the certified athletic trainers informed, communicated, and prepared properly for the CAAHEP accreditation process? Several head athletic trainers and approved clinical instructors shared their thoughts on being prepared for all the CAAHEP planning changes.

Mid Western State University and Southern State University shared thoughts regarding their positive reactions and preparedness for the accreditation changes. They felt communication was beneficial in understanding and preparing for the guidelines.

I don't know if that I was completely surprised of anything, because I had been keeping up on all of it through the whole time. (Don)

What I've found is I have tried to prepare them and then when it gets down to doing it, then I'll prepare him again. And then so it becomes a whole program issue again. (Dr. Arthur)

I try to let my staff know as often as I can what's coming down the pipe, you know what are we doing here? How are we doing this? Are they making us do this in addition to that? So it's not much of a shock. (Marco)

However, the clinical athletic training staff at North Eastern State University struggled with the planned change process. Dominick and Mark responded that a lack of communication and constant change allowed them to feel unprepared for the CAAHEP accreditation process.

I think it just felt like one minute we felt like we were on the right track and the next minute we were just scratching it all and starting again with

something new. It's just like—I don't know if it was Dr. Arthur was still unsure of certain things that was going on with CAAHEP that he needed to be—because I remember when we were preparing for that site visit, one day it was just like all of a sudden, everything flipped around, switched around and did a whole 360 and we were back at the drawing board. Because he had went somewhere and heard this and this and this. And I'm like this isn't good, because it just felt like we were just jumping in. We weren't sure of everything right away and we weren't sure what was going on. But it was just communication, having us going out or communication wasn't there. (Dominick)

We were not prepared or aware of all the changes coming through CAAHEP. Early on when we had discussed this, it was we knew our site visit was going to be in the fall and we knew that we were pretty—we were close to being compliant, but we weren't 100% compliant. Are you ever 100% compliant? In my opinion, I don't think you are ever 100% compliant. (Mark)

Communication Between Educational and Clinical Athletic Training Settings

Communication between the athletic training educational and clinical staff's was reviewed. Does the educational and clinical athletic training staff's communicate effectively? Does the clinical athletic training staff have a voice in the athletic training educational standards and CAAHEP processes?

Reports shared by the members of the athletic training clinical staff supported a positive impact and open communication lines between departments. Michael and Dwayne revealed an open communication and support within departments.

She's very honest from an academic perspective, on things that are advocate for her on how she wants to go. And she also says you know these would be my recommendations from a service component. However Michael, it's your show from a service component standpoint, what do you think? And I will take a look at it and say Dr. Allison, I agree with you on those things. We very rarely have disagreed on things. Our communication is very open and frequent, so it's very, very helpful to me. (Michael)

The educational program faculty has been really open and up front with us to how we want to kind of structure the program for the student athletic

trainer experience. How it would benefit us as a program? So I think that has been positive. (Dwayne)

Megan, Dwayne, and Daryl shared their views on situations that were clinically challenging. Communication and open dialogue allowed possible changes with the CAAHEP educational practices. All felt comfortable in approaching the educational staff for direction and consultation.

It was something that I'm probably going to tell him I'm having difficulty and I'm going to approach it with the same way that I would want to be approached. This is difficult for me because I feel like I'm not able to give the students a good experience—a good explanation as to why. Or I'm having difficulty—I just am not—this is not working for me because and explain to him why I am having the difficulty and what are the outcomes? And maybe he will say that okay I'm sorry, but this is the way that the JRC wants us to do it. Generally, that's usually not the answer because JRC generally tends to give us a little freedom in how we do those things. So he's been able to work through just kind of saying, okay well, let's think about that. Let's talk about it at our next meeting. And try to discuss what works best and what doesn't and how we go about that. (Megan)

I would go to Marco or Dr. Alan. I think a lot too would depend on if it's an educational issue, which honestly I kind of stay out of. I mean, but if I have kids coming in to me and saying well this is what they are doing in class. This is what they are telling me in class and I'm going oh golly. I can't think this hasn't ever happened, but you know I have gone to Dr. Alan a couple of times and said tell me what you guys are saying in class. How are you approaching this because I'm doing it different? And I can't give you a specific example. But I know that that has happened. A lot of times it happens with modalities. You know some of the stuff, they are talking about modalities. So I call Dr. Alan and say to Dr. Alan, you guys are telling them that this is something—am I doing this wrong? Is this something that I learned different? (Daryl)

The athletic training clinical staff at Mid Western State University shared their support and positive reports on Dr. Alice. Maurice and Don talked about her perseverance and strategy implemented to open the lines of communication within departments.

But I think that she was never-and I will give her great credit, because she never said-you know we might have had some deal breakers and she knew them, but she never really said she had any troubles or complaints about us. Whether there was or not, I don't really know. You know what I mean, I don't know. So I think that you know we were very comfortable in that free flow of information and it was really good. (Maurice)

The whole process it's kind of tough. She did a lot of that—communication was a big bear. And what we did is we said we met every Tuesday. We said Tuesday's- And she would come over here and we would all right, this is where we are at; he would put stuff up and all right, let's change this. Who is going to organize this? Who is going to do this? And that's what we did. (Don)

Ownership

The professional attribute of ownership involves support, active engagement, personal input, change opportunities, an active voice, and the feeling of one's own accomplishments. The planned change accreditation process offered a greater opportunity for “buy-in” and a sense of empowerment from the athletic training clinical staff when the environment created a sense of ownership.

The CAAHEP accreditation gave the athletic training clinical staff an opportunity to share ideas with the athletic training educational staff.

Communication lines were opened and offered opportunities for listening and sharing of accreditation issues.

We will look at a lot of the stuff and just try to take some of the burden off of Dr. Aaron. So that has been part of the role. And adding some of those changes and—I think that Dr. Aaron usually comes up with this is something that we need to change and we all give all right, this is what I see working. And someone else will say this is how I see it working. And then we decide on what's the best route. (Daniel)

And so I think a lot of things when Dr. Alice came in, they are now formalized. We always did them, but they are not formalized and I think from a leadership perspective or from a planning perspective, we just try to keep the whole staff engaged and try to have the communication be

ongoing. We try to kind of divide and conquer a little bit. And you know we are pretty pleased with it at this time. (Maurice)

He gives you strategies to be an effective ACI and we will bounce things off of him and say hey Dr. Alan, this is what we've come across this year, and what can we do to make it better. How can we change this? How can this—I mean this was bad, let's do something. I mean he's very willing to listen. He's very open to suggestions. (Daryl)

Dr. Alice offers her perspective and learning from the educational setting. She stresses the need to communicate, explain, and offer input for the one common goal of accreditation.

So I have learned over the last couple of years to try and lay out, here is what needs to be done. Here is how it fits into the big picture. Here is the end goal. So here is why your piece is critical and what you need to do. I don't think that I'm good at it yet. But, I think I am getting better. I think we've at least learned enough that we really are all on the same page and working on this together. It doesn't mean that we are always in agreement. We will get behind doors and butt heads every now and again, but we come out of butting heads as we are all butting heads because we want to do the best thing that we can.

6. What changes or modifications are recommended from the athletic training stakeholders for the CAAHEP educational reform policies?

Changes and recommendations for the CAAHEP educational reform policies were a consistent discussion throughout the interviews. Many stakeholders were visibly frustrated with the process and spoke frequently on a variety of issues.

Input, Communication, and Voice

A number of the certified athletic trainers expressed concern, frustration, and disappointment for the lack of communication in the CAAHEP educational process. The lack of communication focused on a perceived lack of input and ownership in the accreditation process from a national and institutional level. The

frustrations due to an inability to voice concerns prior and during the change process permeated within many of the institutions.

I just—I would like some input. It's just some of the processes that I am in disfavor with. And so as a program director and as an educator, I don't remember ever receiving any kind of opportunity to express my views on where athletic training education should go. As far as I'm concerned, there are a handful of people making decisions for everybody else. (Dr. Arthur)

Don't forget to ask the little people. I think if anybody has any other big drastic changes to make, what sounds good at the top of the tree isn't always good for the bottom of the tree. I just-or even in between. It might just be good for the top of the tree and seem to make a lot of sense. But for the people who are down in the trenches actually doing the work, teaching the students, you know trying to produce a certified athletic trainer, which is I think the root. (Matthew)

I think now that everybody sees the changes that have occurred, they agree. I think if you asked any other head athletic trainer right now, they understand. You know what, for a—because we talked a lot about this, he understands but yeah, you are right, overall because you know what, I think he's just frustrated personally because no one asked him. And I mean that's where I was. I was just damn it, here is what you've got to do. And I think well everybody went phew, thanks for asking. And I think if there is one thing that I would encourage whoever it might be at regionally, nationally, locally, is that get input from the same people who are making the decisions. (Dwayne)

Mark's frustrations were directed at his perceived lack of concern for athletics during the CAAHEP accredited educational process.

I think I have opened my eyes to CAAHEP, I think some of my biggest frustrations were all the changes that were taking place. Early on, alright, here are all the standards and guidelines, make these changes. Okay, now we are done with our self-study, oh jeez, here are all the other changes that just came out today. Well my gosh, you know that is why I think it kind of came out prematurely. I think that part of my—I think my biggest frustration is I just don't believe that when accreditation things, the standards were put together, that athletics were really taken into consideration, the treatment, the quality of care. How some of the smaller schools are going to be able to do some of these changes, to deal with some of these changes.

Meanwhile, Dr. Arthur directed his frustrations at the NATABOC and Educational Councils.

But I think the NATABOC director's been the ruler and he's been the dictator and he's just done things the way he wanted to do it without any feedback. And as a profession, I think we're going to suffer because of that. So hopefully we get some young blood.

Future Athletic Training General Issues and Concerns

General athletic training issues shared by a number of the certified athletic trainers were the significant number of institutions receiving CAAHEP accreditation, the great amount of undergraduate student athletic trainer future employment, athletic training state licensure or credentialing, public relations, CAAHEP educational and accreditation concerns, short term concerns, and long term athletic training issues.

The changes recommended by this group of athletic trainers expressed concern, fear, confusion, support, and solutions for the CAAHEP accreditation process. Many of the responses were similar to the dialogue expressed for the change process initiated at the beginning of the interview.

Dwayne offered his solution for the concerns of a constant growing number of undergraduate accredited athletic training programs. Dwayne's solution was similar to the NCAA academic standards and graduation rates. Don and Dr. Ashley discussed limitations on the numbers of student athletic trainers and accredited undergraduate programs, while Dr. Alice offered her solution to this problem with a future focus on moving away from process to outcome during the site visitation.

You know I think it would be interesting to see in the future just what we do as a profession with this change. We've made it, it's happened, now the program is going to phase out. What's going to happen? You know what are we going to do? Are the numbers going to go down? Are we just going to get the blanket stamp out and start stamping programs? Okay, you've met the accreditation standards, received that accreditation, are we going to become like a law school and say well you know what, you are going to have to be competitive to be able to—you are going to have to keep graduation in? Just as incentive. The NCAA just did. The graduation—you keep graduation rates up here, If you are not going to keep passing kids, I'm not going to keep putting the stamp of approval on it. (Dwayne)

I think nationally, we have to limit—we've got to put some sort of limit on athletic trainers, unless we do a better job of getting reimbursement so we can hire people like in a true hospital setting. I mean I think that's something that we really need to look at. I am concerned that we are going to have too many graduates and not enough athletic training positions and I think that's going to drive salaries down. And I am concerned about that. And I think that that is absolutely going to happen and at some point we are going to need to make that change and limit and maybe possibly—and now after all—there are going to be some pros that may be eliminated. It's going to have to happen. (Don)

They anticipated that when it was all sorted out there would be 250 to 290 accredited athletic training programs. We passed that last January. And he's now saying between 350 and 400 programs will be accredited and a lot of those programs only did that to maintain their labor force registers in athletics. (Dr. Ashley)

Discussions varied on the professional aspects of athletic training. Dr.

Anthony, Maurice, and Megan each placed a unique perspective on future career solutions for the profession. Dr. Anthony took the positive view on pursuing reimbursement and thus creating more available positions for the high number of certified athletic trainers.

I think that reimbursement is huge. I think that if we can get paid for what we do in every setting in which we do it, it really opens the door to—then frankly, I'm not concerned about having 300 athletic training programs because I think we'll have jobs for those people. When the athletic trainer has access to the man on the street and the woman on the street, there are 280-million Americans in the same way that other healthcare professionals

do, then I think 300 athletic training programs worries me not a bit because I think we will have places to put those people. (Dr. Anthony)

Maurice pondered the reasoning behind the loss of esteem noted in his job position. His stance on the current status of Division I athletics is a factor for the lack of interest in his head athletic trainers position.

Is that because their ideas of athletic training are different? What are your thoughts on that? Ten years ago, every student-every staff person wanted my job. Most of them probably could do it. They all wanted my job. Now nobody does. And I can understand the staff not wanting my job. They see it. But our students don't want Division I athletics. And it can't be the money because they don't know what anybody makes. But apparently they must look at the hours or they look at what they have to put up with coaches and athletes.

Megan's approach was a general concern for the future of the profession of athletic training. Her questions and though provoking ideas were probing for answers to a possible future dilemma in the organization.

And then just continuing to look to the future, you know what are things that are going to be important to be students and what are things that down the line are going to be important to them for their future. What is athletic training going to look like five or six years from now when they graduate? How do we—because there is such an increase in the industrial setting, do we need to focus more—do we need to plan to do more ergonomic type of things? Do we need to have more focus on less traditional settings? And how do we implement better relationships with physicians, because there are so many physician expenditures now. And how do we think about—how do we deal with our program now for what the future is going to be, how do we plan for a lot of them—you know all of them graduating with the numbers that are projected, where are they all going to find jobs? And how is that going to move forward? Do we plan for some of them to go to PT school? You know what if-how do we look to the future and what the students are going to need in their clinical experiences.

One of the future pursuits for the National Athletic Trainers' Association's organizational long term planning has been seeking the attainment of credentialing or licensure on a consistent basis throughout the country. Third-

party reimbursement and state governing boards is a topic of high national interest. Maurice and Dr. Ashley have a strong voice and interest in the pursuit of national athletic training legislation.

There are battles in the war that have been won. And until we get everybody credentialed, athletic trainers credentialed in all 50 states, we are going to have problems with Medicare, which means we are going to have problems with third-party billing and we are going to have problems with physical therapists, you know as long as that's the case. (Dr. Ashley)

Something is not working. I think from an accreditation standpoint, I think until you get national—all 50 states have some form of regulation. In my opinion, it's kind of tough to say we are a valid profession. You know all doctors need to be licensed. I mean it's just kind of common sense and understood. But if 46 out of 50 states have athletic trainer licensure but the other four don't, what does that mean? So I think that would be important. (Maurice)

With CAAHEP coming to an end, I don't know what the acronym is for the new thing; it's going to be called JRC or something like that. The long term is that we have to get credentialed in the other seven states, Michigan, California—I mean it blows my mind that California has no accreditation. This is the home of tree huggers and regulations of everything. This is the place that is one of the reasons that Las Vegas is growing a thousand people a month, because people are moving their businesses from California to Nevada to escape taxes and the regulation. And of course, they are bringing in the population problem, you know. I mean Las Vegas I think is about a million-two now or something like that, huge town. And it has to do with regulation and yet we can't get athletic trainers regulated in that state, because until you get regulated in all states, you can't get Medicare. Once you get regulated in all states, then you can get Medicare billing codes. So right now we have a CPT code for athletic training. And if a physician is willing to write on a script, athletic training services and hand it to a patient, some insurance companies will pay it, some of them won't. Those that will not are those that the only rules that we follow are the Medicare rules. (Dr. Ashley)

Profession of Athletic Training

The recommendations for specific changes for the athletic training profession focused on the frustrations voiced by the NATA memberships for years. The two major themes shared were directed at the yearly future employment trends of

public relations, salary levels, and a continual need to fight for the advancement of the profession. Marco, Megan, Dwayne, and Maurice summed up the feelings for the group on their discussions.

Marco's thoughts were simple. Continue to fight and believe in your profession of athletic training.

It's a great profession. I just don't want to see people fight for what's right and not get so frustrated that they get out and that's their answer-deal with it. You've just got to be willing to fight for what they believe in and work for it.

Dwayne pondered the accreditation changes that have taken effect within the profession. He noticed a national concern for others struggling with the change process and questioned the true meaning of athletic training. Dwayne's true definition of athletic training was skewed towards the emphasis of the intercollegiate athletic setting and the caring of the student athlete as the major focus of the athletic trainer's duties.

You know I think overall right now they feel like change that has happened is for the better, for the betterment of the athletic training profession. I think that maybe there are people out there that don't like the change. They feel like we are headed in too much of a direction that takes away from the true meaning of athletic training.

However, Marco and Maurice constantly returned to the major athletic training themes other than the educational accreditation issues. Both athletic trainers felt strongly about the profession's continued pattern for future athletic trainers leaving the profession due to the same yearly issues of low salaries and long work hours.

But I think until you go to fight for it, until you fight for it, it's not going to happen. That's the one thing that I would pass down to my staff. Continue to fight for the profession to know that we need more staff to cover better,

to better educate our kids and better cover the athletes. And probably you know the frustrating part of this whole thing is the salary levels too. I mean it's ridiculous, the educational level that athletic trainers have that are in college institutions and the amount of money that they make. And I never got into this profession for money and I am still not in it for the money, but it is extremely sad to me that we lose people out of the collegiate setting that have gone to clinics and that setting because of the time and the money. And yet, there are a lot of people that would love to still be at the college level. My students say that. You know our GA's that say Marco, I would love to be in the college but I can't afford it. (Marco)

The top of all that is selfishly for our students is we have to be able to create good jobs. And not just jobs, but good jobs. You begin to look at five years down the road—ten years ago, zero to five years people are still in the profession. They are happy. I would be shocked if you know zero to five years half the kids that we graduate are still in the profession. If more than 50% are still in the profession, I would be shocked. That bothers me. I am concerned about that. (Maurice)

The profession of athletic training continues to pursue an aggressive public relations effort in the definition and understanding of the term athletic trainer.

The NATA has taken the position to educate the public on the true meaning of athletic training and the distinct professional standards of its membership.

However, Megan, Maurice, Dr. Alan, and Dana seem to agree that the public relations efforts continue to fail and the understanding of an athletic trainer is an endless or impossible task. Megan, Dana and Maurice share their frustrations and solutions to this long battle for professionalism. Dr. Alan reminds the membership to continue our fight for our profession. However, he reiterates to stay focused, diligent to our efforts, and maintain patience in achieving our goals.

We are at this major crossroads in athletic training where we are trying to—we know who we are, but not many other people know who we are so we are trying to establish ourselves and make sure that everyone knows who we are. And I think too many people want that—they want to see that change within six months or a year, but I think it's more like ten years. It's going to be a long ongoing process before—it doesn't boil down to let's change our name or let's do—it's not those sorts of things. It's just the

identifiably, let's expand the profession and make it larger and go to these new—and the rest will kind of take care of itself. (Dr. Alan)

I would love for people to understand more what athletic trainers do, just the general public. I know that NATA has put a lot of effort into getting PR together to do that. But I continually have people, when I tell them that I am a certified athletic trainer ask me how to strengthen their calves or oh, you must be in good shape. It's frustrating for me because they can walk into any place and say I'm a personal trainer or I'm a trainer, so I think I've tried to change our students and help them to have pride in what they do and to be able to use proper terminology and saying athletic trainer and not trainer. And I am really trying to change that. (Megan)

And what is an athletic trainer? It's somebody who tapes ankles. So I just—we have the highest, one of the greatest, platforms for individuals and athletics in professional sports to get that word out. And why or how we can't or won't or choosing not to either at Super Bowl or—I mean at—I understand that's expensive stuff. But at some point really put what we do and how we do it out there in the correct manner. I'm not a very smart guy, but it's beyond me. It just truly is. I think from what I—we appear to be finally moving forward in some areas from public relations, from lobbying, from Medicare reimbursement. I mean if we are really going to put ourselves where we need to be—you know I'm off the track a little bit. I think from a PR standpoint, I mean everybody knows what a personal trainer is and they are getting \$50 to \$60 an hour to do things to people. And people still expect us to cover games for free, because we need the experience or something like that. (Maurice)

Dana's thoughts drifted to the current accreditation issues of the increasing number of proficiencies directed at the undergraduate athletic training program.

She feels the constant changes in educational policy will impede the organization's membership from achieving these professional goals.

We are trying to shove too much information into everyone. We are trying to be too dynamic. Yes, we can work in all these different settings, but then who really are we? We are certified athletic trainers, I understand that and I will tell everybody that. But, I have to sit there and try to say what we did and I sit there and say five things, well we do this and this and this, and we can do that and that and that. We will probably in the next ten years know how to do an EKG on them. Yeah, I just get a little concerned for the future in that way. The whole nomenclature thing, the whole you know licensure thing, you know all those things I think play into a

profession defining itself. And how do we define ourselves when we keep adding, we keep changing, we keep doing so many different things.

Dwayne explained how he is a professional, no matter what title he shares.

However, his dilemma is larger due to the significant changes in the profession and health care needs.

You know that whole main change jump that they just went through. I don't care what you call me. But you know what, I am a professional and I'm going to make sure that what I am doing here-I laugh because my opinion in this is different than our former head athletic trainer's opinion is. I feel athletic training has changed. We are now-we are athletic healthcare. We are not—this isn't just evaluate an ACL knee injury from someone playing basketball. No, we are going to take care of you. The whole and total you... Now it is that have you got into a fight with your boyfriend, your girlfriend, your mom died, your mom had cancer, you have an appendicitis attack, you are—we deal with it all now. And whether that's good or bad or indifferent, that's kind of what we are in the athletic training profession now.

Short and Long Term Future Concerns

The perceptions of the CAAHEP planned change process initiated a long list of short and long term organizational concerns. Many of the themes were saturated throughout the individual's prior interviews and voiced within similar discussed themes. These initiated themes were driven by educational accreditation issues of CAAHEP, educational standards, employment issues of the NATA profession, organizational planning issues, and undergraduate program directors credentials.

Michael and Dr. Ashley's short-term accreditation concerns focused on the prior arguments from Mark and Dominick responding that too much change was being implemented too soon by CAAHEP. Their dissatisfaction was directed at the organizational and financial planning concerns in their challenging change processes.

In other words, if you are going to be changing something then let's pan out for a few years. Let's not change it in six weeks or six months, okay here is another change, okay here is another change, okay here is another change. And to me that has been a distraction with the accreditation process. Because the guidelines were in place, they told us exactly what we need to be in place, but now they are starting to change things again as they are refining it. That is the distracting part, not from my acceptance perspective, but from a perspective of say administration or from an athletic director. Okay, we're going to go ahead and for example short wave diathermy needs to be taught from a psychomotor perspective, you need to have a diathermy unit on site. Okay, I've just purchased the diathermy unit, well guess what...the Education Council has just said we don't need diathermy anymore. I just spent \$800 and I've got to explain that to my administrator. That to me is very disturbing about change. Okay? Laser therapy, laser therapy again, you are going to have to expose them to all the domains. We have no capability. It has not even been allowed in the state. So we are gearing up. We went and sent our staff-our staff set up day long retreat to learn about laser therapy from a guy over in the next city, who has new rules on laser. Two weeks later, guess what? It's just been phased out. Those are distractions of change from my perspective. (Michael)

So it's entirely individual and I think that you accumulate your data overtime to get a broad picture and then you make your changes as you need to. But as I said, I think you need to be fluent, you have to have a bedrock of where you have to be so that your competencies and proficiencies determine what it is you have to do. You have to have a philosophy about the way that you want to do it, so you can't just be changing every semester or every quarter or this year-this is the new program and we really like this stuff and we're going to throw out everything that I've ever done and do this. That's a disaster. You can't do that. (Dr. Ashley)

Megan stressed for continued learning within the profession. Her discussions on research supported Dr. Ashley's beliefs. However, her research theories were directed at the clinical studies and the implications on athletic training professionalism and public relations.

I think probably just that I think change takes a lot of learning and a lot of flexibility and being able to be willing to learn from other people. And if we are not able to learn, as I said with the research, if we are not able to learn from other people whether it be our peers or our students or our

mentors, if we are not willing to learn from all of those different age groups, all those different people, then we are pretty much worthless.

The perceptions of the CAAHEP accreditation process offered a wide array of responses for long-term organizational concerns. The long-range concerns from two undergraduate athletic program directors were for an improved preparation of the undergraduate program director.

But I think going into this specialization that we need to do a better job of preparing educators. I mean I just look at myself and take note of what I haven't prepared for. I know now how much better I should have been prepared. But yet, I didn't follow that track. So I look at the overall track of things and think that accreditation-if accreditation nationally is meeting all the venues that athletic trainers are serving and I don't think it is. I think there are certain things that can be-maybe we can have a better aspect as far as some specialization. (Dr. Aaron)

There are people who are not prepared to be program directors serving in those roles. They want to be teachers and they are good teachers, but being a program director is more than being a good teacher. (Dr. Alice)

Educational accreditation issues have influenced all certified athletic trainers working within CAAHEP accredited institutions. The non-traditional employment settings, proper educational preparation, and the relationship to other health-care professions were subject to discussion.

Dr. Aaron and Dana looked at the future employment settings outside of the athletic work arena.

I think the industrial side of things has a huge individual impact in most programs. I look at things like ergonomics, the study of repetitive scenarios or repetitive use syndromes and think that we could probably do a better job. To apply the standards and prepare better for ergonomics in every program... I mean do you think you can keep applying, you know specializing and preparing everybody for every type of thing? I guess that's where I would look at it overall and think you know are we going to—I look at the rehab class I have and did I really prepare these students to go out and do rehab in a clinical environment. Or do we prepare them to do that in an athletic environment with professional teams. So there are

some issues with that in looking you know how do we begin to differentiate a level of program or are there different levels that we can-accreditation can adapt to? (Dr. Aaron)

I mean I know how to be a college athletic trainer. Do I know how to be a clinical athletic trainer? Probably, but I'm not as good with the paperwork, the coding, the different—you know I'm not—could I do it? Yeah. Industrial, you know that's a whole different thing. You know you work for NASA, I could probably work for NASA, but there are some things that I would have to learn and tweak. So everybody does that. (Dana)

As the accreditation changes proceed, several of the undergraduate program directors continue to chart the progress of other health-care related professions. Dr. Ashley and Dr. Allison have maintained a watch over the other professions and noted the planned change within their professions.

So accreditation of education programs to me right now is just the law of the land, so it's now secondary to this other thing. Where is accreditation going? Well I don't know. The only thing that I did just recently is I looked on the PT board for Tennessee programs, a PT web page. There are only so many candidacy programs in the whole United States in physical therapy education. They have somehow found a way to fulfill and I trust not want to follow the anti-trust law and at the same time, they don't have as many PT programs as there are AT programs. (Dr. Ashley)

It's help me solidify some thoughts in my mind and I think this process is a totally evolving process. I think we are—it's part of the NATA. It's going to evolve. And I don't think the PT method is the right method or the PA method, I think there's—I think everything is getting out of hand, you know the DPT and now there is talk that maybe there it's going to be entry level—that master is going to be entry level for AT. I heard the board of directors is talking about that. So change is going to be either good or, you know it's going to create more concerns or resistance. (Dr. Allison)

Accreditation has generated ideas and thoughts revolving around educational standards and the issues around the country. Dr. Anthony supported Dr. Alice's proposed changes to long-term athletic training education opportunities.

However, he voiced a concern involving the future emphasis in athletic training educational programs from the undergraduate to the master's level.

Accreditation is always supposed to be a minimal kind of a thing. And so that's good. I think that's very healthy. I think the question is, I mean people are starting to talk about whether we need to go to an entry-level master level as a minimal entry level sort of credential. And I'm not sure about that. I don't know. I think that from a marketing standpoint it probably would be good for our profession. I don't think that it would improve our education at all to do it that way. I mean I don't think that we are going to be teaching students differently nor do I think that we are going to be teaching them better in the context of a master's degree program than we will in the context of an undergraduate program. But that's not to say that there aren't some other benefits to doing it. (Dr. Anthony)

I sure would love to see more education in our doctoral program. And I think a big piece of that is we typically tend to learn a lot through experience. And for that reason, I think it is a huge mistake for most people to come straight out of a doctoral program and into a program director role. Because if they haven't learned and had enough opportunity to see how change happens, how to plan for that change and instead of flying by the seat of their pants and in many cases I think that's one of the big sources of friction between a program director and between clinical staff. (Dr. Alice)

Meanwhile, in conclusion, Dr. Ashley's thoughts on the accreditation process maintain the proper perspective of the NATA and CAAHEP leadership. Her story reflected the reasoning behind the planned change of the NATA to the undergraduate athletic training educational programs.

The head athletic trainer in a west coast state was going around that his administration won't put in an accredited program and how am I supposed to cover all these sports in our athletic program. And one program director just led him on and informed him of the expectations of the accredited programs. It was like the purpose of an athletic training education program is not to cover athletics. We don't give a rip if you ever get athletic teams covered. The idea of athletic training education program is to train people to be athletic trainers and if I use their athletics as a clinical site, it's still to train this individual and allow them to practice the skills they've learned in a class in a clinical setting. It's not so you don't have to have somebody else covering softball practice. Well guess who sat in an accredited

program? That west coast state university! They are one of the new ones. And I would bet you right now that that is a slave labor issue right down there, without doubt.

7. *How do the perceptions of the athletic training stakeholders in regards to change and the planned change process compare on the Division I, Division II, Division III, and NAIA institutional levels?*

The CAAHEP accreditation educational reform has affected athletic trainers on all levels of institutional educational programs. The accreditation process has continued to affect certified athletic trainers through obvious and subtle ways. How do the stakeholders perceptions of change compare throughout the various institutional intercollegiate levels?

The change process involved the institution's general recruiting philosophy, educational mission, financial abilities, and clinical athletic training room coverage.

NAIA Institutional Perceptions

At South Western State University, Dr. Aaron's main difference would allow student-athletes to complete the undergraduate athletic training program requirements without restrictions. He has noticed a theme throughout the country of programs forcing student-athletes to select the athletic training program over their athletic sport responsibilities. Dr. Aaron believes that student-athletes bring unique and valuable personal traits to the profession of athletic training and has attempted to incorporate this philosophy into the smaller, less demanding, NAIA institution.

I came from a very athletic background in high school and college and I think athletes have a better vision of—better just innate understanding of

what athletic training may be, because of their own exposure to that and exposure to other people. So I think that they—if the program, if they understand the requirements that they have to meet and still feel that they can stay in one sport for a year versus for their college career, then I think the standards are good enough to meet. But then again, I see other programs that are really pushing and pushing these students cannot really be athletes as well. So I wonder you know if we are pushing away the people that are really disciplined and driven to pursue athletic training with a real understanding and a real heart for what it did for them.

Dr. Aaron noticed the value of cooperation and collaboration of the NAIA institution. The opportunity to oversee an accredited athletic training program at a smaller institution allowed the administration to plan for the academic sequencing of courses with an understanding of accreditation, financial awareness, and support.

I think trying to—looking at some of the practical portions of the standards and they have a tendency to really favor a larger program. Smaller programs I think you know have a little different niche. Because one of the things that we had to go through change wise, institutionally, with accreditation was we because of the size of the student body, we couldn't offer every class sequentially every year. So we had to make that change. We realized, the school realized, that was one of the big issues I think helped me to understand that the school is really behind us with the fact that they were willing to make that change, understanding that it was a cost—it was a costly one to make those classes a yearly basis and not every other year. There were four of those classes we had. And two of those we did yearly and the other two are still every other year, because they don't have the same clinical impact and instructional impact as the rest. But again, I think as the program numbers increase we will see the other two courses follow the same mechanism.

Dr. Aaron and Megan discussed their plan is assisting others while coping with change. Dr. Aaron shared his thoughts on group collaboration, while Megan used a personal approach in searching for the reasons behind someone's resistance to change response.

I have a tendency to ask them individually about their sense of change and how they feel it's going to affect them individually. Because again, they

are responsible for their sport and sometimes they are very different, they have a responsibility to get along with the students. In some instances, I want to know individually. We will deal with things in a group setting and discuss it first. And I will come back and find out if there has been individual alienation. And ask them personally what-where we are at. (Dr. Aaron)

I've learned to be very careful about how I-about trying to figure out people's personalities and what's the best way-that ties into my sociology and maybe a little psychology too. But trying to figure out how do people's personalities work and what is it that—what was it that was bothering them about me telling them you know and it can be a sticky situation with protocols or with things that people have just done. So I think I've tried to say you know looking at people's-different people's personalities, I would have to kind of angle it from a different viewpoint. Or maybe approach it in such a way that asks them—what is it exactly that—you know what are you doing with this person? What is it that you are trying to work through? Or what are you trying to do with this, that or the other. Or I have never seen that before, kind of thing. How does that work? And sometimes that still is taken as offensive and sometimes that still puts people's hairs on end. I still made enemies, depending—or made an uncomfortable situation even though I was trying really hard to be sensitive to that person's needs or that person's personality. (Megan)

Division III Institutional Perceptions

At the Division III level of North Western State University and South Eastern State University, change is viewed from several perspectives including personal, recruitment, and financial visions.

Dr. Anthony offered his perceptions of the change process as viewed by the clinical athletic trainers across the country.

I mean they were clinical athletic trainers, that's what they were trained to do. That's what they were paid to do. And so now they are saying well gees you know, we've kind of like having our students around and if we want to continue to do that we have to really put this whole major program in place and it's just a huge undertaking and it's a lot of work. And do I really want to do that? Is that the kind of the thing that I want to go fight battles for? Is it the kind of thing that I want to engage in creative conversation and conflict in order to be able to do, because it-

Michael and Dana share their perceptions of the change process and the conflict involved with change. Dana discusses her views of Dr. Anthony's professional resistance and ability to adapt to challenging situations.

You know you read a lot of books and talk about change as an opportunity and all of those you know those key words and things. But I think change—anytime something has changed, the way that I look at it is that it's been either had to, it's been forced to. I realized it was important to move away from what I have considered to be normal or standard practice. I think there is a little bit of apprehension, okay how is this going to impact me? What's this-how is this going to turn my life away from this normalcy that I you know feel comfortable with. And also possibly an opportunity on the flip side as you think about it, hey maybe this is something for the better or as a way to improve. To see if that change creates conflict, now for an individual who didn't have structured involvement in the educational program and now it's almost being forced upon them in order to maintain the ability to use students in their delivery of healthcare, that's where I think nationally we are going to have ourselves a big change. (Michael)

I think Dr. Anthony is very-can be very set in his ways. But yet, when you talk about change or you talk about doing something else or tweaking this or can we do this a little bit different so this happens or something, he can be very resistant to that. But yet, he's one of the most dynamic people that I know, so how can you be both ways? I have no idea. (Dana)

However, prior to viewing change, an understanding of the Division I philosophies and culture is necessary per the conversations with South Eastern State University. Dr. Allison and Michael reveal their concerns and perspectives of the model that is being presented by the leadership at their Division III institution.

And here they were trying to—the president, even though he says he doesn't want to go D-1 in any way form or fashion, is allowing the AD to separate academics and athletics, which is a D-1 model. So it's ironic. I don't if the people are knowing what they are talking about or if they are saying one thing and doing another consciously. So I think—athletic training can't work that way very well. (Dr. Allison)

And that was probably the single most disappointment has been the lack of administrative leadership from an athletic director's perspective. When I got here we had a geology professor who was acting as our athletic director from a liaison standpoint. Basically, here is your budget. Here is what you are supposed to manage that budget, but there was no leadership situation. And to me that was a huge change coming from a Division I situation. (Michael)

Okay, this is Division III mentality, let's just try to go with the flow and I think I'm adequately prepared to handle my own leadership and try to have the insight to protect the institution in our area. Now I take a look at it from the perspective, I'm here, I've got to meet the needs of a kid who has got a pretty demanding academic load, who still has an emphasis of academics first but there is an athletic program. And there is still that Division I philosophy, on Monday through Friday we are a Division III school, on Saturday we want to be Division I just like anybody else. And you've got to be able to look at it from a student's perspective, from a coach's perspective, from an institutional perspective. So that's kind of how I've done that. (Michael)

Dr. Anthony focused on an approach of distinction in offering a four year athletic training experience during the recruitment phase of undergraduate athletic training students.

Then another thing that makes us distinctive is the fact that we have a four-year clinical education plan, as opposed to most other institutions that have a two or three year clinical education program. We do that for several reasons. We are trying to—let me back up. Students who have a two or three year professional program are essentially recruiting students for their program from the pool of incoming freshman at that institution. We recruit from the national pool of high school seniors and we recruit nationally. And so what we are trying to do is we are trying to find the very best students in the country that are interested in athletic training and recruit them to come to North Western State University for four years. And we do that by holding up the ability for them to start the program immediately in their freshman year. This allows us to get to know them in a very intimate way right away and also it allows them to make this career decision earlier rather than later in their college experience.

Dr. Anthony's second distinction about the Division III institutional level was aimed at the understanding of local resources and conflict during the development of an undergraduate accredited athletic training program.

Just about everything centers on resources. And you know even though our evolution from sort of an apprenticeship based kind of program to a full blown academic major, you know that is accredited, had some conflict associated with it. Now I think it was fairly low level and I think it was fairly collegial in its form. But that doesn't mean that there weren't people who were concerned about the stuff that athletic training got that somebody else didn't get. Or we were going to add an athletic training faculty-well what about the coach that we need? You know those are all conflict kinds of things and each one of them stacked on top of each other eventually will cause change in our program and change in the organization.

South Eastern State University was driven by resource issues affecting financial and budgetary policies. Michael's past experience as a Division I athletic trainer allowed him to note differences within his present culture and the Division I opportunity. His role as the head athletic trainer in a newly accredited athletic training program limited his financial decision-making situations.

The one area that I'm concerned with is the allocation of resources at the different educational institutions, what resources are for each institution, Division I to Division III. And to me that has been a distraction with the accreditation process. Because the guidelines were in place, they told us exactly what we needs to be in place, but now they are starting to change things again as they are refining it. That is the distracting, not from my acceptance perspective, but from a perspective of say administration or from an athletic director. Okay, we're going to go ahead and for example short wave diathermy needs to be taught from a psychomotor perspective, you need to have a diathermy unit on. Okay, I've just purchased the diathermy unit, well guess what, the education council has just said we don't need diathermy anymore. I just spent \$800 and I've got to explain that to my administrator. That to me is very disturbing about change. Okay? Laser therapy, laser therapy again, you are going to have to expose them to all the domains. We have no capability. It has not even been allowed in the state. So we are gearing up. We went and sent our staff-our staff set up day long retreat to learn about laser therapy....Two weeks later, guess what? It's just been phased out. Those are distractions of change from my perspective.

Michael has faced the dilemma of his financial restraints. Over time, his solutions have evolved into his interpretation of the Division III model involving collaboration and giving between departments.

Now I'm faced with what is service and what is education and how we work together on it. I will cope with it enough that it doesn't become a distraction to where there is this division. Okay, for example, athletic training student wardrobe, okay, traditionally has come out of the service side of things, uniforms. Technically, is that service or is that in the education? I talked about it. I said Dr. Allison, we'll collaborate, let's use our resources from the service component. If we go over, we can transfer monies from the education, so that we can get the material that we need for our students. That's the relationship that I have versus if I had the athletic director, no, you have \$1000 and that's it. I don't want anything else, so. And I think that's the Division III collaboration model that really takes place everywhere. There's a lot of sharing of resources because they are limited and you have to be willing to give a little to get a little.

Dr. Allison and Michael shared a concern of a common theme among athletic trainers regarding the site visitation process prior to receiving CAAHEP accreditation status. However, Michael's issues center on the mentality and lens that site visitors bring with them during this evaluation process and their experiences with newly created programs.

Just because of the dynamics of the individuals and the experiences that we've had, it was about how the institution has pictured. And that was really disappointing to me in the accreditation process. You know it was never complimentary. It was more interrogative and prescriptive and the question that I asked the accreditation team was how many Division III site visits have they done? How many Division III site visits have they done where the program has just been thrown—is brand new, because we are an infant. And surprisingly, they said they had done Division III programs before but they had not—they didn't say that they had to taken one that has gone from you know January 1999 to January 2004. So that's a unique situation to get done. My concern when the accreditation team came in was there are a certain set of rules, a certain set of guidelines, there is a certain set of expectation with accreditation, meet them or it won't be granted. Well, that's easy in a larger institution than it is in a smaller institution. Thank goodness this institution financially, is strong. We were able to meet the minimal requirements of accreditation. The

question that I have now is will we be able to sustain it? That is my question for this type of institution. Larger institutions it's a fix up, it will be mostly done. But for this institution, the economy the way it is, with the institution where enrollment numbers are really your driving force that's a big question on all of our minds is how will we be able to sustain it? So I think that's my perspective on accreditation. I think it is needed. I think it's wonderful for the schools that have been accredited. (Michael)

Dr. Allison concludes with a story of a successful Division III clinical model with effective planning and implementation of staff at their level.

It was a Division III school, guy—before he took the job, the program director said I need three other fulltime staff, academic staff. There were two staff people involved, two staff athletic trainers. He said I need three more academic people and I'm purely academic and I need two more staff people. And I need all the contracts of all the staff people to be 50% academic and 50% service. So that means six FTE. He got it. He has the best program that I've ever seen. It's a D-3 school and there was a PT program, the clinical model was already in place. So you can't ask for that. But he did his homework to be successful.

Division II Institutional Perceptions

North Eastern State University has moved from an internship to an accredited undergraduate athletic training program. Mark, head athletic trainer, has struggled with the change process and staffing issues due to the accreditation process. Dr. Arthur has been one of Mark's most challenging changes due to his realignment of position and duties. Mark's concerns have always centered on his feelings of the negative effect of accreditation on athletics at his institutional level.

I think what's happened is educationally I think CAAHEP has put together a decent program. But I don't think that athletics and academics have come together. I think this was simply done for academic reasons and I think athletics are suffering, especially when it comes to a smaller school such as North eastern State where there is myself and then there is one assistant athletic trainer. And now all the guidelines and regulations that are set for students you know regulations and coverage situations, places a lot of difficult stresses on us front liners. I think I have opened my eyes to CAAHEP, I think some of my biggest frustrations were all the changes that were taking place. I think my biggest frustration is I just don't believe

that when accreditation, the standards were put together, that athletics were really taken into consideration, the treatment, the quality of care. How some of the smaller schools are going to be able to do some of these changes, to deal with some of these changes.

Mark's most challenging acceptance to the change process was a shift in active academic involvement with his student athletic trainers

I think one of the biggest changes was when Dr. Arthur was hired. I was also—I was the academic advisor for all of our students as well, so in addition to all of the athletic responsibilities, I did academic advising as well for our students. I went to the classes to learn how to be an academic advisor and so on and so forth, the campus makes you do to hold that title. When Dr. Arthur came in, obviously that is part of the responsibilities that I'm going to lose. And even when I really battled getting rid of that responsibility, I took a lot of pride in it, as you can see on the wall, we get—that's just one plaque. We get the highest GPA in the athletic department every semester. Every single semester we are right in the middle of 3.4, 3.5, 3.6-the highest overall GPA with 15 students was 3.7, pretty impressive. And that's something that we can pat ourselves on the back on and I took a lot of pride in that. So the academic thing was very, very big for me. Well bringing in a curriculum director, that's kind of their job. It's kind of taking that away from us and that was hard. There are a lot of other responsibilities that the curriculum director had, but that was one that I just didn't want to part with.

The change in educational philosophies brought forth resistance within the clinical athletic training staff at North Eastern State. Dr. Arthur revealed his perceptions on the change process at his institution.

There is always resistance. People don't like to change. If it involves somebody else-if it was up to me changing, I can change you know we all would like that individually, I can make the change, here we are. But when it starts involving everybody else, then there is definitely resistance. And from going from our changes from an internship to a CAAHEP accredited program, there has been resistance all the way along. Not necessarily because they didn't want the change, but they weren't ready for the change. We needed to do some things first to make the change. I tend to be someone who wants to do it rather quickly and others don't want to do it quite as fast as I do.

Mark, in return, shares his immediate reactions to change.

Yes, I think I have gone from being very reactionary, from being a person where okay here comes change and it kind of blindsides me and I'm all reactionary, as opposed to taking a step back, figuring it out, understanding, centering myself and then okay let's talk about. It used to be very, very reactionary. And it was reactionary just not from my point, I mean it was reactionary I think on all of our points. You know from not just mine, but the other three involved.

However, Dr. Arthur, shares his thoughts on the change process and his reasoning on the resistance to institutional change and ownership.

What I have found is me being hired to take over the education side of things, resistance for him to let go. He still wanted to make the decisions. He still wanted to you know do things and I would end up making simple decisions that I didn't think needed to be brought before the whole group. And it became a big issue. And you know so we've had to work through that. But I had to try to establish roles and it was still difficult I would have to say. Saying Mark—and we did this just this last time, I said Mark, you—if someone has a problem within the clinical experience out here, they are to go to you. I'm not running that. But if they have an education question or having problems academically and so forth then I will take that role. And I looked at it as I'm taking away some of your responsibility to give you more time to do your job. And he looked at it as you are taking away the things that I want control over and so I'd say we have struggled along those lines. Dominick is new. You know he is in his third year or just his second year. And so he hasn't been quite—and he has no ownership, so he's willing to do whatever. He's very easy to work with and to understand too. The other history kind of—you know we still struggle along those lines.

In conclusion to the change process, Dominick has noted improvement and has worked to assist in the conflict resolution between educational and clinical athletic training staffs.

A better understanding I think of everything, realizing that things are going to have to change for us to be accredited. I think he—I think—Dr. Arthur has met a lot just one on one. Kind of answers a lot of his questions. He has shown more—he had more resistance for accreditation program and the standards than I. I think that's because I came from a CAAHEP program, so I expected it. And he's from the older program and everything. But I think the one on one between the two of them helps resolve differences and gathered good results. You know we've got to do something. We've got to try to meet somewhere, between and what we

can do and I think that helped a lot. I think it helped to meet and discuss the whole process too. There was a lot of resistance at the very beginning between the whole staff and-

Division I Institutional Perceptions

Division I athletics has a variety of shared responses between mid-major and major institutions. Southern State University, Northern State University, and Midwestern State University all offer varying perspectives of the planned change process.

The response and reaction to educational change was noted by Dr. Alan.

But that's not—it doesn't frighten me in the least. I think if I decided that I didn't want to play that game, then I shouldn't be a program director anymore because we are in an emerging field, in a field where the content changes regularly. We are seeing ourselves break into ever new practice settings and things. And so if we are going to do those things, then we need to change the educational side in order to accommodate what is occurring, where our students are going, where they are finding positions and so forth. So it's okay. I think all and all we are better because of it.

Dr. Ashley concurs with a more specific response and plan to the educational proficiency changes.

And it's like what do you do with them, with those proficiency statements. So every single one of those 1270 proficiency statements, you set up—set the piece of paper with a study—or with a subset checklist that says this, this and this. And then every student has their own subset thing in a file folder like that. And 12 people on the education council at that time said yes that's what you got to do and then someone came around with the idea of the professional portfolio. And what is acceptable now for the JRC and accredited programs with what we are doing here is that our site, our off campus site and athletics, they've got list of what everybody is supposed to do. They also have a list that says that this student in this class here is where they are in the program. These are the skills that they should have. And then they are told when a situation arises about particular issues, challenge them on them. Challenge them on this and challenge them on this and record what you challenged. And you have to randomly challenge these kids over the course of time. You don't challenge every kid on every port. But you over the course of time, you hit every point because different teaching moments come up, different teaching situations come up so that

this one comes up and three of the kids are there and you have one of them demonstrate and the other two watch. And another point comes up and you have different kids doing the test. So no kid knows who is going to get picked to do what when and they all have the knowledge then or they are going to fail the course. So you don't know what you are going to be tested on.

Dr. Alice pointed out the differences of the mentality of philosophies within Division I institutions.

And part of the other thing is with our staff. They were used to functioning in a big time Division I program, all things are negotiable. And you'd say here is what the standard is and say well that's maybe more than we can do, I think we are going to do this instead. And this is not a negotiable point. This is what we have to comply with to get there. And we have some interpretation leeway, but you have to meet the spirit and the letter for doing this. Once we got on board with doing that, we made the changes.

The role of the head athletic trainers in Division I undergraduate athletic training programs were noted to increase in responsibility, demand, and issues over the past several years. Don and Dr. Alice shared their views as non-head athletic trainers on their perspective of the role position and traits.

I'm thinking of a head athletic trainer here in terms of the whole program is where I am coming from. I feel that they almost need to not be in charge of the team. I think that there is so much going on now that the easiest part of our job is taking care of our teams. I think the hardest part is dealing with rising insurance costs. Someone has to have a business side and has to deal with that. I think in terms of dealing with drug and alcohol issues, which are huge I think on all of our campuses and reassessing what all of our drug testing programs have been. (Don)

I think that depends on the role that they are in. The head athletic trainer like Maurice in a major Division I institution really needs to be a micromanager. They need to be a strong negotiator, because that's how you function in Division I athletics. If somebody says this and you say no, they can't do that. We can do this and what can you do to help us get the resources to do that. By the time you get to that role, you are a pretty savvy negotiator. And I have yet to meet a major school Division I athletic trainer, who is the head athletic trainer, who hasn't brought that skill set. They don't get to that role without it. And they tend to micromanage all

those projects because they are in a position to do that negotiation. I can't function that way. I can't micromanage. I really function more as here is what you need to do, now go do it and let me know if you have problems along the way that I can help you with. (Dr. Alice)

The other views on the Division I perspective focus on the future employment within a Division I institution. Maurice has noticed the changes in athletic training students and a trend from the undergraduate athletic training student in pursuing future employment in other non-traditional athletic training environments.

Is that because their ideas of athletic training are different? I totally agree with you. What are your thoughts on that? Ten years ago, every student—every staff person wanted my job. Most of them probably could do it. They all wanted my job. Now nobody does. And I can understand the staff not wanting my job. They see it. But our students don't want Division I athletics. And it can't be the money because they don't know what anybody makes. But apparently they must look at the hours or they look at what they have to put up with coaches and athletes. I mean there is something out there that they feel is different or better than Division I athletics. So that has changed. And I think that a lot of our staff sees that too. It's just like kids are not here before they need to be here, after they need to be here, they are just feeling the need to be here, they are not—they don't show a lot of initiative. They don't see things to do. And if you talk to anybody in our business at the Division I level and you hear it over and over again. So I think that's a little bit of a concern because this business is not an 8 to 5 job and the pay is good, but it isn't maybe what it should be. Maybe the fact that they go see high schools and—I mean they go see a different environment and it's like you know what, somebody said please and thank you or I don't have to work on the holiday. I mean there is something out there that they feel is different or better than Division I athletics. So that has changed.

Murray supports and expounds on Maurice's concerns regarding the increased time and coverage demands placed on the athletic trainers and the need to offer year round athletic coverage for all current student athletes and teams.

And even though we don't have a lot more athletes, I think we've got a lot better public awareness. And we are more accessible to the athlete. And the reason you have to be more accessible is now they work them 12

months out of the year. And coaches are putting pressure on you. And everybody wants to be taken care of just like the football gets taken care of. And that becomes a little bit of an issue because you don't have the type of injuries or the frequency of injuries with some of the other sports. But they want that attention. They want that the athletic trainer out there regardless, you know...It's not like we'll be on-call, if you need us, we'll come. Oh no, we want you here. We want to be just like they are.

Marco offers similar support and trends of the challenges facing the certified athletic trainer. Marco notices the trend from a perspective on the reasoning of the new direction that current staff athletic trainers are shifting away from the traditional intercollegiate athletic training setting. Marco's philosophy in this current trend is to continue to fight and push for an increase in respect, salary, and institutional support.

You know you go from having had students that can cover us for a little bit by themselves, to having to be with them all the time. That's hard. And I can't say that was easy. That was frustrating because I saw my staff go through the frustrations as well. But you have to be willing to do it, you know it's going to be for the better long term, but it's going to take some push to get the staff and then the numbers on the collegiate ranks higher for us to be able to do what we want to do, because we are losing good people at the collegiate level and that's sad to me. And it's just more—and of course athletics, even at a mid-major like us at Southern State University is a business. It's a business. And that's fine, but you know again, keep fighting, you know because our profession has always been well we'll do it for free and now we are not doing that. And it's been a growing experience for the association to go through that. And so now we are having to say no, I'm not going to do that. If I am going to do it, you are going to pay me for that. And people are frowning on that. And I'm like—you have to be willing to take that risk. You've got to fight it, because that's you know—I'm—my whole personality is to help people. It has been since I was a little kid. But you know you have to get some guts about you and keep fighting for the things that you know that has to happen for this to change for the better or we are never going to have anybody at the collegiate level.

Don ventured into another direction of the perspective of change within various institutional levels. His interests were generated by the constant influx of

accredited institutions and the variances of the clinical opportunities offered to student athletic trainers in these institutions.

I think when I look in our state, there are like almost 20 accredited programs. Are you kidding me? And then you start looking at some of them and you are like okay, the difference between D-1 and you know an NAIA institution, and Division II down the road. Now they have an accredited program. They've got like eight teams. I don't understand why they have that. And I feel that nationally we should have done a better job of saying maybe there is some minimum things here that we need to do. And I know that the in one state they said that. I thought that it was great. The state level representatives said they are only going to have four of these programs within the state here. The University, they were like late in planning, they were doing the same things that our guys in other states. No, we are the main university of our state, we can do it. This is the way we've always done it. Once they embraced change and said okay, we've got to do it, it was too late. The fourth region for the state said you know what, we've already got one state school. We've got another and we've got another one. There you go.

In conclusion, Dr. Alice shared her thoughts and perceptions involving Division I institutions and athletics. Her perceptions on change are not only a challenge for the profession of athletic training, but a challenge within the institutional culture of Midwestern State University.

I think quite a few of the major Division I institutions do exhibit this "better than others" mentality. I don't know that I've seen it anywhere to the extent that you have it at our place. There is sort of this Midwestern State University attitude that really goes with it, but I think gets in our way a heck of a lot. Sometimes I think we are resistant to seeing best practices other people have worked out in adopting them, because they weren't adopted here so therefore, they should go probably in our best practices. But institutionally, I think change is very, very difficult. And this is certainly not something new.

Summary

The purpose of this chapter was to share emerging stories and assumptions from athletic trainers employed in CAAHEP accredited undergraduate athletic training programs. The intent was to allow a voice to the certified athletic trainers

through the usage of personal statements, assumptions, and stories about planned change. The certified athletic trainers shared their stories about personal lives, personal development, and employment environment describing their fears, concerns, reactions, responses, and hopes within the CAAHEP accredited athletic training institutions.

Change was defined with a myriad of traits. It could be described as a positive, negative, or neutral force. The development of one's personal response to change surfaced early in life experiences to professional encounters with mentors. Mental models or engrained assumptions were shared by the subjects reflecting stories and thoughts describing the basis for their reaction or response to change situations. Change to one certified athletic trainer "was just different."

Resistance to change was present to some degree in all seven institutional athletic training programs. The interviewed athletic training programs transitioning from an apprenticeship to CAAHEP accredited program revealed the most resistance with a sense of loss and control. Undergraduate athletic training program directors were able to cope with the CAAHEP educational reform policy in a similar scientific and critical analysis fashion.

All seven institutions showed signs of resistance with the mandates of the CAAHEP accredited planned change. They struggled with regulations, interpretations, implementation, or the constant change of the educational reform policy. Athletics and educational arenas faced periods of opposition. The NATA and the educational accreditation committee were perceived as lacking proper

communication skills specifically in the interpretative consistency of the supervision and first-responder directives.

The planning strategies for the CAAHEP accredited program were guided and implemented in considerable portions by the undergraduate athletic training program directors. Planning styles and leadership traits were unique to the local culture and institutional size. The majority of the institutional communication styles focused on weekly group meetings. The need and opportunity to create a voice, show ownership, and listen to feedback proved important to all institutional participants.

The certified athletic trainers revealed a broad spectrum of characteristics including fear, resistance, coping, frustration, adaptability, leadership, self awareness, professionalism, and trustworthiness. Their perceived concerns of the accreditation policies focused on ownership and an opportunity to share a voice in decision-making process. Change agents were rarely available for the athletic trainers on their local institutional site for guidance and direction.

In conclusion, the profession of athletic training is serviced by dedicated, persevering, passionate, and self-caring individuals. Planning for change within a culture unprepared for change may lead to resistance, lack of support, and long term failures.

Planning for change involves identifying what stakeholders will be involved, how will they be affected by the planned change, and communicating to them about the change process at the appropriate time with the necessary direction. Planning is a continual process that involves communicating, participating, learning, making mistakes, and responding (Bennis, Benne, & Chin, 1969; Zaltman & Duncan, 1977).

Therefore, the certified athletic trainers at seven Midwest institutions have reported a need to be heard, a need to develop an ownership, and a need continue to address the desires of membership through educational planned policy changes. CAAHEP accredited athletic training policies must incorporate a proper balance of leadership, planning, communication, and patience in preparation for long-term successful planned change directives.

CHAPTER 5

SUMMARY

This chapter is a summary based on the results of qualitative findings and literature review on the CAAHEP planned change issues of undergraduate athletic training educational programs. The focus of this study was on professional and personal issues affecting the process of planned change and the NATA membership's response to the implementation of the CAAHEP accreditation reform policies. The purpose of this chapter is to interpret, analyze, and theorize the qualitative research findings of the twenty-one interviewed certified athletic trainers. The objective of the researcher was to obtain responses to the research questions that focused on planned change among CAAHEP accredited undergraduate athletic training institutions. The qualitative data were gathered by probing for emerging and perceived assumptions on planned change. These emerging themes allowed the researcher an opportunity to explore the participants' behavior and voice with a deeper and richer insight through an interpretative approach.

The research questions posed and presented involved the incorporation of the gathered interpretive data and related literature. The summary and discussions were drawn on the reported interview findings. Recommendations for future CAAHEP educational reform change policies will be shared through the voice of the twenty-one certified athletic trainers. In order to develop a greater understanding of the change process and the perceptions of the CAAHEP

undergraduate athletic training planned change process, conclusions and answers were sought to the following list of questions.

- 1. What are the perceptions of athletic training stakeholders towards change?*
- 2. What are the perceptions of athletic training stakeholders regarding the CAAHEP planned change educational reform policies?*
- 3. To what extent were planning strategies incorporated during the planned change process at the institutional level?*
- 4. To what extent were the athletic training stakeholders involved in leadership roles during the planned change process at the institutional level?*
- 5. To what extent were communication systems incorporated during the planned change process at the institutional level?*
- 6. What changes or modifications are recommended from the athletic training stakeholders for the CAAHEP educational reform policies?*
- 7. How do the perceptions of the athletic training stakeholders in regards to change and the planned change process compare on the Division I, Division II, Division III, and NAIA institutional levels?*

The purpose of this study was to develop a deeper understanding of the perceptions shared by twenty-one certified athletic trainers within seven institutions. The seven higher education institutions consisted of undergraduate athletic training programs at Division I, Division II, Division III, and NAIA settings. The shared perceptions of the athletic trainers centered on experiences and assumptions with change in the professional and personal environments. The incorporation of the CAAHEP accredited undergraduate athletic training

programs caused the membership of the National Athletic Trainers' Association to struggle with the planned change initiative. The planned change process leading to accreditation had been initiated gradually over years before the final national implementation in 2004. The National Athletic Trainers' Association's mandate for accredited educational programs within higher education by 2004 had resulted in fear, concern, approval, resistance, support, reluctance, and encouragement among members, leaders, stakeholders, and institutions (Magnus, 1998; Ryan, 2002; Starkey, 2002). The membership had perceived the accreditation process as a controlling threat to each institution's athletic training program. The thought of change had forced the stakeholders to envision concerns and hopes regarding new policy guidelines, increased full-time staff personnel, work demands, educational reform requirements, time management skills, and accountability from its membership and higher educational academic settings (Magnus, 1998; Peer & Rakich, 2000). Many certified athletic trainers felt that the NATA had failed to properly communicate the educational change directive and policies downward to the membership.

The athletic trainers interviewed for this study represented individuals who shared commonalities in profession and environment, yet differences in beliefs, assumptions, values, and attitudes. Many change assumptions and theories are deeply rooted and are challenged during times of duress, fear, or frustration. All the athletic training professionals were bonded through traits of perseverance, competence, passion, dedication, and service. Thus, though the reaction to

change is a complex and personal response, it is also highly situational and individual.

“Change is an alteration of an existing field of forces” (Bennis, Benne, and Chin, 1969, p. 315). Zaltman (1977) defines “change at the individual and system level as an alteration in the way an individual or group of individuals behave as a result of an alteration in their definition of a situation” (p. 9). The term ‘alteration’ occurs in both Bennis, Benne, and Chin and Zaltman’s definitions. An individual’s change process could be defined as a new definition of a situation suggesting a possible behavioral shift in values or beliefs. The change is a behavioral response given to this new defined situation during a relearning period of a required action, and thus altering our behavior.

“Planned change is defined as a process, guided by someone in authority, that combines thinking about ways to resolve important problems and taking action to deal with the problems” (Nutt, 1992, p. 5). The National Athletic Trainers’ Association directed a planned change reform policy throughout the undergraduate athletic training educational institutions. However, this planned change must be guided, directed, and lead at the institutional level to demonstrate long-term success. The institutional leadership must deal with both planning and change, uncover problems, and create an evaluation process for the stakeholders affected by the altering change policies (Zaltman, 1977).

Institutional Case Summaries

The major findings and answers to the research questions will be summarized within the findings presented by the seven CAAHEP undergraduate athletic

training programs. Discussion of the major findings will follow the summary of each institution's response to the planned change directive.

South Western State University

South Western State University is an NAIA institution with enrollment less than 1,500 students. The undergraduate athletic training program has just recently completed initial CAAHEP accreditation following years as an internship program. Dr. Aaron was hired as the undergraduate athletic training program director, Megan, as head athletic trainer, and Daniel, as an approved clinical instructor.

All three staff members worked collaboratively during the planning and implementation process. South Western State University was unique in several regards. The institutional enrollment of less than 1,500 students allowed the athletic training program to create a small and individualistic type of program. Other cultural factors involved a relatively young clinical athletic training staff, a faith-based institution, and one small classroom size athletic training room, all unique to this setting as compared to other athletic training programs. Dr. Aaron in his newly defined role as the undergraduate program director was in the early stages of learning as an educational reform specialist on CAAHEP accreditation standards. Early planning decisions focused on the organization and sequencing of academic courses and working closely with institutional administrators in preparing the athletic training curriculum

Looking at some of the practical portions of the standards and they have a tendency to really favor a larger program. Smaller programs I think you know have a little different niche. Because one of the things that we had to go through change wise, institutionally, with accreditation was we because

of the size of the student body, we couldn't offer every class sequentially every year. So we had to make that change. (Dr. Aaron)

Size of institution offered a second positive attribute such as improved feedback and an improved communication system with the athletic training students.

I think being a small program, we are able to take feedback a little bit more from the students than you know if a student calls up and says hey, can I meet with you or talk with you this afternoon? And then we will have an opportunity to get together and talk and see what they are thinking, what they are feeling. (Daniel)

The process of understanding change, in addition to the personal coping strategies for change, allowed South Western State a smooth transition into the CAAHEP accredited undergraduate athletic training program. The perceptions of CAAHEP planned change process were a positive experience with few concerns. Megan's perceptions focused on the lack of traditional clinical hours and the need to improve experiential learning. Daniel, during his graduate school experiences, had experienced an academic versus athletic struggle for power in their transitional shift to a CAAHEP accredited institution. His perceptions of the CAAHEP resistance are shared in his account of the fight between academics and athletics. Daniel describes a lack of a common bond as the cause for this resistance to educational change.

I think is a big issue in the whole accreditation is the athletic department is separate from the academic department. And there is a lot of butting heads with that. So I think along with that comes some resisting of the change. Like just the academic department doesn't work well with the athletic department and they don't have a common relationship or a common bond. Whereas here, at South Western State, we do both and so it is kind of a natural tendency to create more of a bond between the two departments. And when there is not that bond, I think there is more...the academic department says we have to do it this way for accreditation and

the athletic department is like well this is the way we've done it for 15 years and it's working well and why do we have to change? (Daniel)

Dr. Aaron was hired as the undergraduate program director and began his leadership activities of guiding South Western into accredited status. His mental model and philosophy of leadership is displayed within his professional attitude of commitment.

With accreditation, I look at myself as one of 300-some programs that are accredited. I am the program director of a very small program but with a lot of experience, but not the experience that makes me an authority in this field at all. I think that they understand that I am committed to them and I think that leadership has to demonstrate commitment, to demonstrate to themselves a commitment to demonstrate humbleness/humility when things haven't gone that way and be ready to take the weight of the error as well. (Dr. Aaron)

Dr. Aaron was looked upon as the leader of the program due to his influence on the decision-making processes and ownership of the program. His planning style supported a collaborative environment and pursued an active participation from his clinical staff and university administrators. Communication between the educational and clinical staff was strong. The close proximity of the athletic training room and the undergraduate program directors office offered a comfortable environment for feedback and constant communication. Weekly staff meetings and pre-planning literature reviews, allowed all the clinical staff an opportunity to voice concerns and offer critical solutions to program concerns. The educational environment supported change and had developed personal coping systems to assist with the change process. A group sense of ownership was shared and fostered by the undergraduate athletic program director.

In conclusion, the change process was handled without major resistance of the athletic training staff. Mild concerns were voiced over direct supervision regulations and student athletic training clinical experiences. However, these concerns were voiced among the educational and clinical staffs together in pursuit of overcoming barriers. The undergraduate curriculum program director acted as a change agent for the clinical staff during times of CAAHEP concerns and interpretations. Communication was consistent and collaborative decision-making processes were instrumental in planning for a successful change of educational reform.

North Western State University

North Western State University is a Division III institution with an enrollment of less than 3,500 students. The undergraduate program had received continuing CAAHEP accreditation after past experiences as a NATA undergraduate athletic training curriculum program. Dr. Anthony was the undergraduate athletic training program director, Matthew the head athletic trainer, and Dana the approved clinical instructor.

The staff members interviewed shared deep and personal reflections involving their involvement in the accreditation process. "I think the athletic trainer practitioner leader is a servant leader," Matthew shared. This simple statement described Matthew's belief of the role of the certified athletic trainer and his black and white personality as the head athletic trainer at North Western State. Dana shared her thoughts on the educational processes. "I think learning styles more

than teaching styles are going to really dictate still what type of athletic trainer is going to be produced from each institution.”

Dr. Anthony has been certified for more than twenty years and is labeled as the leader of the athletic training program by the members of the clinical athletic training staff. Matthew describes his thoughts and noted differences between the athletic training clinician and the education leader’s traits.

The athletic training clinician leader is going to lead by support I think. And the athletic training education leader is going to lead by pulling-pushing versus pulling. I think the athletic training education leader needs to be visionary. Needs to have that drive to improve, to continually get better, stretch the boundaries and do more of the leading. I think the practitioner athletic trainer leads by example of their personality, of their style, their ethics, their morality, their ability to support in victory and in defeat. (Matthew)

The environment of North Western State presented a distinctive culture for the athletic training student in several different opportunities. The institutional size and philosophy created an athletic training environment of personal concern, caring, and togetherness. The mission of the athletic training program focused on the recruitment of high school seniors to attend a four year educational and clinical athletic training experience at their institution. This distinctive mission stressed a low faculty to student ratio, a faith-based institution, and research opportunities. The educational and clinical athletic training staffs were collegial, supportive, and respectful of the program’s vision. Change issues were shared by the staff and vested with an ownership throughout the accredited educational program.

The educational and clinical staffs were very supportive of the educational reform policies of CAAHEP. However, Dana shared concerns regarding the

CAAHEP planned change. She supported other staff members in her statements on the need for the national organization to improve communication and offer a chance for their voice to be heard prior to future change policies.

Don't forget to ask the little people. I think if anybody has any other big drastic changes to make, what sounds good at the top of the tree isn't always good for the bottom of the tree. I just-or even in between. It might just be good for the top of the tree and seem to make a lot of sense. But for the people who are down in the trenches actually doing the work, teaching the students, you know trying to produce a certified athletic trainer, which is I think the root. That's why I like being at the college level, you know I would be kind of happy working in another setting. But the college level, not just the clinical part but the teaching part, you know I think that's where the impact is made, a lot of it, not all of it. But I think just think about who is trying to get it done every day. And too, for the organization you know as a whole. Like I said, how much is enough? You need to be very vigilant in trying to just now work on getting athletic trainer understood by everybody. (Dana)

All athletic trainers were in agreement with the institutional and CAAHEP policies and trusted the direction of education within the profession. Dr. Anthony stressed that change at North Western State was at a fairly low level and collegial activity was supported within his institution. However, both clinical athletic trainers experienced and shared change with a sense of caution and hesitancy.

I need to be a little hesitant about a certain change, then I tend to listen to it and I think a lot more about things. I do like to have facts and things right out in front of me, but I do also make a lot of decisions on my gut feeling. (Dana)

I think there is a little bit of apprehension, okay how is this going to impact me? How is this going to turn my life away from this normalcy that I you know feel comfortable with. And also possibly an opportunity on the flip side as you think about it, hey maybe this is something for the better or as a way to improve. So I approach it with—I approach change with caution. (Matthew)

However, all staff supported educational changes and felt comfortable in admitting that the program supports change with a low level of stress. Dr.

Anthony planned and implemented the CAAHEP educational planning strategies with general input from the clinical staff. His preferred planning strategy and leadership style was to listen to the clinical staff collegially, but would make a decision autocratically based on his fact gathering data.

He knows that he won't reach consensus or can't reach consensus through that collegial style. And so then he has to say okay I hear your voice. I hear your input. I gathered your input, but now I'm going to make the decision and I will take the consequences but I'm going to make the decision. Versus before, the input was gathered and gathered and gathered, but a decision was never made, because consensus was continued to try to be—was always trying to be reached. It just never happened. It won't happen. So that was frustrating my first couple of years. Now I know that I offer feedback, I offer suggestions...they are going to be heard. He still has to make his decision. And that goes with our program too basically, so that is a microscopic view of Dr. Anthony's overall leadership style. (Mathew)

Differing views of the communication systems were shared. Both Dr. Anthony and Matthew felt communication was adequate with electronic mail and informal meetings while Dana felt more formal meetings would have benefited the athletic training program and outside clinical personnel. Dana supported communicating with a broader range of on and off campus educational personnel.

In conclusion, the undergraduate program director guided the change process with experience, authority, and leadership issues on the local and institutional levels.

He would guide us through it. He would say, hey, this is what needs to be done, why we are going to do it. This is why we are going to do it and here we go. So I have no doubt-he wouldn't just throw it on you and say hey here, go with it. He's not like that (Dana).

The program director used conversation and dialogue in reflection and action in fostering thoughts with various institutional stakeholders. Dr. Anthony

maintained his effective planning style with a strong understanding of the local culture, shared vision, and willingness in understanding the stakeholders and the environment. His institutional mission and local athletic training vision were symbolic of his long-term planning and educational opportunities for the profession of athletic training.

South Eastern State University

South Eastern State University is a Division III institution with enrollment less than 2,000 students. It is a past internship program with initial CAAHEP accreditation status granted within the past year. Dr. Allison guided the undergraduate athletic training program with Michael as the head athletic trainer, and David the approved clinical instructor. The majority of the educational and clinical staff athletic training members at South Eastern State University were fairly new to the local athletic training environment and institutional culture.

Understanding the culture of South Eastern was a major initial factor in creating a positive environment for planned change. South Eastern State University established an initial CAAHEP educational accredited athletic training program with minimal resources, institutional support, and a determined, aggressive clinical staff at this Division III institution. The early philosophical planning strategy involved gaining instant credibility through the instillation of a successful, visual service component in athletic training. “The clinical model here is so foreign. I did not do my homework here to be that successful,” Dr. Allison responded in regards to the institutional academic make-up and program development plan. Dr. Allison’s vision was directed initially at establishing a

model for a hard-working clinical athletic training staff within the department of athletics in preparation of adapting the institution's academic structure into an accredited athletic training program. Michael reiterated the initial strategy of securing a successful service component in the clinical setting prior to the educational model at South Eastern State.

We had to build a medical service and win the support of the coaches and administration from a service standpoint. Then let's bring the education component into it and modify the education component with the service component and now we have an accredited program. Could we have brought the education component in first...I think it would have failed. (Michael)

The perception of change was prominent within the clinical staff. Dr. Allison's perspective of change was a constant philosophy throughout the interview session. His change philosophy permeated throughout his professional leadership activities, administrative planning, and educational direction.

We often get caught in our comfort zone and don't—when we are not proactive in change, too often change is a reactive thing. And I think that to stay fresh, to stay where we need to be as athletic trainers, as educators, as human beings, followers of Christ, we need to be proactive in changing to be able to meet the needs. And so—and sometimes it's difficult. (Dr. Allison)

Michael was challenged by his personal “demons” and professional change in adjusting to the philosophies of a Division III institution following several years in a Division I athletic environment. Michael's response to change focused on his personal reactions to change which in turn greatly affected his professional demeanor. Change was a constant daily adjustment within Michael's professional career environment at South Eastern State University.

The resistance to the CAAHEP accreditation standards was consistent with the clinical staff members on the implementation of the proficiencies. Three of the five clinical staff members showed early resistance to assisting with the clinical proficiencies. The clinical staff members expressed concern of time management and stressed the need for the clinical proficiencies to be completed by the educational staff. However, over time, all clinical and educational staff were fully supportive of the implementation of the policies following numerous discussions, coping situations, and consistent communication among staff members.

The other component is competency check-offs and balancing that from a service perspective. It was pretty much understanding of time management as the biggest situation. I know ahead of time that I've got scheduled time that has got to be dedicated to the education and competency, I've got to become more efficient with my time, with some other responsibilities getting it to get it taken care of. The resistance that I had to it was, you know the emphasis for this problem-based learning model that they have out there. And how do we really test problem-based learning or how do we prepare students for problem-based learning? You put them in situations where they have to think problematically and solve that problem. Well at some point, they may have to do that by themselves. (Michael)

The educational and clinical staffs at South Eastern State University were guided by the undergraduate program director and clinical staff athletic trainers as change agents in assisting and listening to others during this period of resistance. The staff continued to work collaboratively to overcome professional and personal changes affecting the clinical athletic training environment.

Planning strategies for the accreditation program were predominately completed by the undergraduate athletic training program director. Her planning style was collaborative with emphasis on the understanding of the strengths and weaknesses of the clinical athletic training staff. The educational athletic training

program reflected a team approach in overcoming professional resistance and mild conflict. Dr. Allison was able to gather excellent support from the school administration as she overcame her self-proclaimed lack of organizational skills during this period of change.

In conclusion, the ability to communicate informally and formally allowed this program to succeed. Hard work, determination, positive energy, and a collaborative approach were important factors in this challenging institutional culture and program development.

It's not been the program director, head athletic trainer... the clash of the titans. That may happen at other institutions. And I know that has happened at other institutions. There are two separate agendas. There is a wedge that has been driven between academics and athletics and they do not see eye to eye. (Michael)

North Eastern State University

North Eastern State University is a Division II institution with an enrollment of less than 10,000 students with recent initial CAAHEP accreditation status after years of having an internship program. Dr. Arthur is the undergraduate athletic training program director. Mark is currently the head athletic trainer with Dominick the approved clinical instructor.

The CAAHEP planned change process at North Eastern State caused confusion, disagreement, and frustration among clinical and educational staff members. Change was a new entity for the staff, especially for Mark, the head athletic trainer. Mark had been the only certified athletic trainer working at North Eastern State for several years. "The challenges were hiring additional staff. For the first four years here, I was by myself-no other staff." Mark's voiced his

concerns early regarding the CAAHEP accreditation process and the conflict with athletics.

I think athletics has to go meet academic standards and what suffers is the quality care of the athletes. And that has been the #1 stance from the first day I heard about accreditation and that still remains one of my biggest problems communication wise and just being an issue is athletics are suffering. The quality of care of our athletes is suffering due to accreditation.

Mark's planning strategy for the pursuit of CAAHEP accreditation began many years in advance. He had initiated an accreditation push over the past four years through planning, institutional department meetings, and outside consulting firms. "The second biggest challenge was trying to convince not just the department chairs of people in the Physical Education and Health Department that we needed to go the accreditation route. And not just convincing them, but then the vice president and the president of this university." The initial planned change process towards receiving accreditation was strongly discouraged by the university administrators. Mark continued his pursuit and planning of attaining CAAHEP accreditation through vision and perseverance. His struggles involved creating a change process and early planning strategy to attain accreditation from the university administrators.

And the president-within a five-minute meeting with the president said we are never going to do it, we won't do it. Never bring it up again. It will never happen here at North Eastern State University. We brought that back to the drawing board and didn't give up. Really went and sold our information and got our Physical Health Education Department on board and told them how it could benefit our program. They were looking for a program that could take our PHE Program over the top. So the approach right now involved meetings with PHE full-time and adjunct faculty as well. I convinced them this is how I felt the athletic training could really take us over the top and get us more support across campus. And they bought into it. So now we've had a very aggressive department chair that

was taking this and kind of going around the president and trying to get vice presidents on board and the Dean of Academics on board. And low and behold, after several years, three or four years of really pushing, pushing, pushing, they said yes let's do this. We brought in a consultant right away to come in. So I think what happened eventually is we kind of got stagnant a little bit and our department was saying alright Mark, this is all coming from you, give us more information. So I was giving them information as CAAHEP stuff was coming out and they really weren't following, so I thought bringing an extra consultant, and now they can hear it from someone who does this for a living and it would help our program out and it did.

Once the administration had supported the plan to pursue CAAHEP accreditation at North Eastern State, the hiring and selection of the undergraduate program director began. Dr. Arthur was selected as the undergraduate athletic training program director. "I think the process has been very well supported. When I took this position here they gave us full support on what we needed and as soon as I got here whatever I needed they allowed us to do. So we've done very well in going from internship to accreditation." Dr. Arthur's early accreditation planning focused on strategies for incorporating change in the educational and clinical environments. The personal change process created by Dr. Arthur involved a philosophy of continuously moving in a forward direction.

There is a process with me and it's first of all, you've got to realize there is something that you want to have changed, because if you are fine where you are at nothing is ever going to happen. There has to be some thoughts and some you know a thought process that goes on this way-we need to make some changes. We've got to move in a different direction. (Dr. Arthur)

Dr. Arthur's planning strategies included initial resistance from the head athletic trainer and clinical staff athletic trainer. The resistance of change towards the roles and decision-making opportunities caused conflict and disagreement with the two leaders of the educational and clinical athletic training settings.

I have found is me being hired to take over the education side of things, resistance for him to let go. He still wanted to make the decisions. He still wanted to do things and I would end up making simple decisions that I didn't think needed to be brought before the whole group. And it became a big issue. And you know so we've had to work through that. But I had to try to establish roles and it was still difficult. (Dr. Arthur)

Mark responded with his understanding and awareness of his reaction to change involving the CAAHEP planned change and Dr. Arthur's position.

I think change is difficult. Personally, change is difficult especially when I've been here for so long. And they have sort of become and I use this loosely, I'm not egotistical. Kind of "my" rules, you know my policy procedures manual type of thing. And now that has been completely scrapped and that's difficult. I mean I've been here for so long and now being stripped of certain responsibilities has been very difficult. (Mark)

Dr. Arthur acknowledged the resistance and lack of readiness for the planned change process within the department of athletic training and Mark.

There is always resistance. People don't like to change. If it involves somebody else-if it was up to me changing, I can change you know we all would like that individually, I can make the change, here we are. But when it starts involving everybody else, then there is definitely resistance. And from going from our changes from an internship to a CAAHEP accredited program, there has been resistance all the way along. Not necessarily because they didn't want the change, but they weren't ready for the change. We needed to do some things first to make the change. I tend to be someone who wants to do it rather quickly and others don't want to do it quite as fast as I do. (Dr. Arthur)

Mark and Dr. Arthur both perceived the CAAHEP planned change process to be flawed. "I think that they tried to do too much too soon without involving more people in education throughout the country. I don't think there was enough input with those who are actually working in the different colleges and universities",

Dr. Arthur stated. The CAAHEP process seemed to offer too many changes too quickly for North Eastern State to institute within their program.

Some of the negatives are that the information that CAAHEP has come out with has come out premature. There's a lot of changes that continually go on, but once you get your program settled, more changes happen and more changes continually happen. And again, I think that's why things come out a little premature. (Mark)

The leadership and program direction were confused by the definition of roles of the educational and clinical athletic training staff. Dr. Arthur assumed the role of leader with the educational environment and Mark was defined as the leader of the clinical settings. However, these roles and defined positions caused conflict in decision-making situations during the early stages of program development prior to the site visit. Dominick, who early in the planning process showed full support for Mark and his conflicts, shortly thereafter shared his concerns of the struggles between Dr. Arthur and Mark.

I don't know if it was Dr. Arthur who was still unsure of certain things that was going on with CAAHEP that he needed to be—because I remember when we were preparing for that site visit, one day it was just like all of a sudden, everything flipped around, switched around and did a whole 360 and we were back at the drawing board. Because he had went somewhere and heard this and this and this. And I'm like this isn't good, because it just felt like we were just jumping in. We weren't sure of everything right away and we weren't sure what was going on. But it was just communication, having us going out or communication wasn't there. (Dominick)

Dr. Arthur shared Mark's familiar issues with the lack of communication and efficiency of the change process directed by CAAHEP.

I think that we've done a fairly good job. I think we struggle, as I think all programs have. That goes back to I think how I think CAAHEP and accreditation has tried to make us change too quickly. If we slowed down the process a little bit, maybe looked at what other healthcare professions are doing—from what I've heard we are just in the dark ages. And so as a program director and as an educator, I don't remember ever receiving any kind of opportunity to express my views on where athletic training education should go. As far as I'm concerned, there's a handful of people making decisions for everybody else.

In conclusion, North Eastern State University has experienced a difficult transition with change and the CAAHEP accreditation process. A minimal amount of clinical athletic training staff, lack of trust, weakness in communication styles and proper information, lack of ownership, and an inability of voices to be heard, were all factors affecting a successful planned change process at North Eastern State University. North Eastern State had received initial CAAHEP undergraduate athletic training accreditation. However, due to the stated factors affecting their change process, future issues may continue if specific change patterns in leadership, communication, and vision are not resolved.

Southern State University

Southern State University is a Division I mid-major institution with an enrollment of more than 20,000 students. Their past experiences included a NATA undergraduate athletic training curriculum and CAAHEP accreditation status several years ago. Dr. Alan is the undergraduate athletic program director, Marco the head athletic trainer, and Daryl the approved clinical instructor.

Southern State had past success and experience as an undergraduate athletic training curriculum. "The program director was retiring. He had been here for 30 years essentially and did not want to go through the accreditation process, but was being told that he had to and so it was a good time for him he felt to retire and move to the golf course. I applied for the position and successfully came in here several years ago," Dr. Alan stated. Marco had been employed at Southern State for over twenty years. The program had been established with the culture of an educational institution and willingly planned for the change into a CAAHEP

accredited undergraduate athletic training program. Dr. Alan immediately researched the present culture of the institution, administration, and athletic training program. Next, he completed his plan of writing the comprehensive self-study and preparing for the site visit, allowing them to successfully achieve CAAHEP accreditation. Dr. Alan's philosophy on change and perception of CAAHEP educational reform is consistent with his beliefs on change. His change philosophy is directed towards ongoing adjustments and an attempt at perfection.

So it's kind of the ongoing change versus the abrupt forced change. And so my sense of keeping up with the JRC-AT committee and athletic training programs is as much as possible they try to have plans change and they give plenty of notice for things that are out in front of us and things that we are working towards as the standards to maintain and educational program change. We are involved in that process and so we know enough about it. And so I think I would define change as kind of ongoing adjustments toward improvement. You know we strive for perfection and along the way we probably hit on being pretty good. (Dr. Alan)

Dr. Alan continued to share his philosophy on change within the educational reform policies in conjunction with the development of past mental models. "I was taught this by a curriculum director years ago, that if you react too quickly, it is very likely that you will either make a mistake or you will burn a bridge or something like that will happen. So I tend to absorb it," Dr. Alan reported. Dr. Alan continued to share his beliefs on the perception of change as an undergraduate program director in a CAAHEP accredited program.

Primarily my responsibility as an administrator is to just keep up with everything that is changing. It doesn't frighten me in the least. I think if I decided that I didn't want to play that game, then I shouldn't be a program director anymore because we are in an emerging field, in a field where the content changes regularly. (Dr. Alan)

The educational and clinical athletic training programs were prepared for the changes of CAAHEP within their institution. Change was looked upon as a positive challenge and necessary for further improvements in life. Marco and Dr. Alan collaborated together to guide both the educational and clinical programs in similar change and leadership philosophies. "Each one of us is a member of a team. You know if there is a captain, it is probably dual captains between Marco and I," Dr. Alan states. "I would say both Dr. Alan and I are leaders and again, with the same leadership styles. Very similar to how we would like to do it," Marco responded. Both leaders shared commonalities in leadership styles and vision in pursuit of improving the profession of athletic training. "I think we both have similar personalities," Marco implied, "you know the gist of it is to make sure it is the right thing to do and advance athletic training."

You know I want people to be successful. My administrative style is not autocratic. I like a team approach and I like my staff to feel like they have input in things. I think that makes people do a better job if you give them some ownership and I don't micromanage as my leadership style. Nor is it Dr. Alan's... micromanaging style. So because of that we hit it off immediately. (Marco)

Daryl confirmed that early resistance was present. However, the respect and prior communication of the planned change process revealed the clinical staff's level of support.

Dr. Alan is the new sheriff in town and we're going to do things a little differently. And I think sometimes almost always things are going to be met with resistance initially because it has never been done that way. But I think enough people have respect for Dr. Alan and respect for what he is doing. I mean I'm real happy with the way things were done. (Daryl)

Marco's planning style and change beliefs prepared the clinical staff for a change. Though frustrations were experienced by the educational and clinical

athletic training staffs, the preparation and long term vision assisted the institutional athletic training culture with the change process. Marco's efforts as a change agent placed a positive and realistic outlook on the educational reform issues at Southern State University. Dr. Alan's perception of the CAAHEP educational reform policies was a realistic view on frustration and the change process.

Your choices are you do it or you don't. You either have the program or you don't. I told my staff, you know this is going to be a tough period of time. We've got the education reform that is on us and we have to do this. And we've got the adequate medical care and we have to do this and yet administrators aren't going to just add staff just because we ask for it. So I said it's going to have to be a give and take. It's not going to happen overnight. We have got to be positive about it and eventually it will happen and both sides are going to benefit. You know you go from having had students that can cover us for a little bit by themselves, to having to be with them all the time. That's hard. And I can't say that was easy. That was frustrating because I saw my staff go through the frustrations as well. But you have to be willing to do it, you know it's going to be for the better long term, but it's going to take some push to get the staff and then the numbers on the collegiate ranks higher for us to be able to do what we want to do, because we are losing good people at the collegiate level and that's sad to me. (Marco)

Then the educational council is poised now to rewrite all the competencies and proficiencies. And it feels like can't help to think, it just feels that we just adopted this set and we just got it in place, but now we are looking at them and saying they need to change again. And at first, you are frustrated by that quite honestly, but then you realize well maybe they need a change. (Dr. Alan)

Planning strategies created and instituted by Dr. Alan were extensive, aggressive, and prepared with short and long term goals present. Weaknesses, opportunities, threats and strengths were criteria used in describing his information gathering mode system. Understanding the present culture within the local athletic training department, institution, city, and state region was essential

for the future success of his planning strategy. “I tend to be highly organized and I think that is critical for the role of being a program director. If you are not capable of the organization that it keeps to shuffle the program needs, the curricular needs, keep up with your teaching, your scholarship and so forth, it is a failure essentially just waiting to happen.”

A long term vision of becoming one of the best athletic training institutions was pursued by Dr. Alan. Specific criteria involving certification results, placement rates, and employers perceptions would be established. “I want this program to be highly respected in our state, in the Midwest, and eventually nationally.”

We want to find four similar programs in the United States who are the best, who we look to and inspire to be like. So we went through and thought about you know who are the best programs based on certain circumstances and who were similar to us. Well I always said I want to be one of those programs that others look at. I want to be on my own list as one of those top four programs or whatever that number is and be highly respected and know that we are doing a great job. (Dr. Alan)

In conclusion, Southern State University created an aggressive, successful undergraduate athletic training planned change program. Though Dr. Alan allowed minimal assistance in his development of the self-study, his communication and leadership styles created an atmosphere of ownership for the clinical athletic training staffs. He had approached change in two challenging ways. His first challenge and program change involved the initial pursuit of CAAHEP accreditation and the establishment of new policies for a highly successful, but stale curriculum program. Dr Alan’s second challenge involved

the athletic training program and institutional change in replacing the retiring program director of thirty-years.

There was a certain amount of tension because I was coming in and changing things that that person would probably not have changed and he wasn't resistant because he knew that I was the program director—and I don't come across as someone that just says we are doing this because I said so. I would explain and try to draw upon their affiliation with the university and explain how this is going to work. But it was never really fully—I was never really fully trusted by that person I know until after the site visit, until after they said this looks great. Everything is fine. And then that person—it was just like a big sense of relief that okay, this person that came in here can do this job and it's okay. And I think that kind of collectively, a lot of the other staff felt the same way. I looked like this young guy without much experience and I was coming into a program where there was a sound leader that had been here for 30 years and it had always been that person and now it changed. Now there is someone new. Well I was the change, but it worked out okay. (Dr. Alan)

The team approach and collaborative efforts of Dr. Alan and Marco communicated with the present culture the planned change process with the proper preparation for change, positive and realistic attitudes, and a highly shared vision of perfection for their undergraduate athletic training program.

Northern State University

Northern State University is a Division I mid-major institution with an enrollment of more than 20,000 students. Past experiences include a NATA undergraduate athletic training curriculum and a recently granted CAAHEP accreditation status. Dr. Ashley has been certified for more than twenty years, Murray has been the head athletic trainer for fifteen years and certified for greater than twenty years, and Dwayne has been appointed new administrative duties in conjunction with his approved clinical instructor position. He has been certified for less than ten years.

Northern State University's athletic training educational culture has provided an undergraduate athletic training curricular program for over twenty years. The positions of undergraduate athletic training program director and head athletic trainer have been directed by certified NATA members for over fifteen years. A recent change was an addition to Dwayne's administrative duties with a shift in job responsibilities and leadership opportunities. His new responsibilities involve assisting and working with Murray in the daily clinical athletic training program requirements.

I think I'm a leader as far as this facility goes. And I think Dwayne is a leader as far as some of the other sports. He does an excellent job of that because he accepts that role probably a little bit better than I do in a sense of wanting to, you know, excel and do that because he's younger. And I'm a little bit more laid back and particularly with students and so forth. Dwayne is a very good leader. (Murray)

A review of the athletic training structure and previous culture revealed the educational and clinical staffs were portrayed as being resistive to change and operated as separate units with a minimal amount of collaboration.

Two people that were here for a long time, things were done one specific way in a relationship that was fostered with a curriculum that really wasn't—it was pretty much non-existent. The relationship between the athletic department and the curriculum, the directors—there wasn't a lot of communication and not a lot of positive interaction. It was we exist...you exist... we both know we have to exist, therefore, we have got to find a way to exist to get along. (Dwayne)

Dr. Ashley made reference to Murray's resistance to change in response to the newer standards and protocols instituted in the athletic training room. Murray had continued to use older protocols that were changed in recent times.

And the old school guys do that. No, I'm not going to change the head athletic trainer. (Dr. Ashley)

Change and the educational planned change efforts at Northern State University did not seem to present any major resistive forces early in the individual interview sessions. The head athletic trainer moved with the educational CAAHEP in a positive direction and noted good support from the athletic and kinesiology departments.

We are getting good support from our kinesiology department, which is what we are under. We are under that department. And the chair of that department is very supportive of what we do and I meet with him and we have-you know we are able to discuss this as far as where we are going and I think we are on the right track. And I think the total program, the profession itself, I think is improving and it's going to grow and be better. (Murray)

Murray's years of experience revealed a different perspective on his reaction to change. His change response noted his focused perception on athletics, administrators, and athletic stakeholders he was involved with throughout the day.

I think athletics have changed and I don't really—I've been in it long enough and I don't really get excited. I'm not going to rebel and say oh this is not—I know things are going to change. I've been always receptive to whatever the demands of the position has required me to do. I've always been a very service oriented person. Providing a service for someone else. Well the athletic director is really the person you are working for. But you know then you've got a whole bunch of other administrators that you have to deal with, not only athletic director, you've got finance people, you've got business people and you've got academic people. You've got your supply coordinator, who is going to be watching you every step, you've got to communicate with. (Murray)

Murray continued with his process of change discussion regarding the recent CAAHEP accreditation and his focus on administrators supporting change.

I think people now are more willing to sit down and talk things out and study things and make it more the team than having just two or three people and them making the decisions. I think we are willing to accept change, if it's for the best. You know I think it's something that we have to sit down and talk about. You know our supervisor, anytime there is a change, she is very receptive to our thoughts, what do you think of this? Is

this going to work, you know. And the chair of that department is very supportive of what we do and I meet with him and we have-you know we are able to discuss this as far as where we are going and I think we are on the right track. And I think the total program, the profession itself, I think is improving and it's going to grow and be better. (Murray)

In regards to his perception of the CAAHEP accreditation educational reform, Murray voiced support and acceptance of the policies.

I think the curriculum changes regarding doing away with the apprenticeship is a big thing. And I think the NATA probably needs to be very strong and stringent about the curriculum. I don't think there needs to be a curriculum in every school. There needs to be a standard and I think you know we've been blessed with, you know, a lot of people in the profession who wanted to see there are going to be good standards. And now this standard has met, you know, criteria and now we are accepted as part of the profession. So it's been for the better. (Murray)

Dr. Ashley's perception of change is straight-forward and direct.

You can either embrace change to say this is a life and adapt to it and say this is—I'll take on from this particular—you tell me where I've got to go and I'll decide what I can do with that, how I can adapt to it, how it fits this program, what parts that you are telling me will not fit and how I can get around those. But I can't stay in one place, because otherwise I am going to be dead. (Dr. Ashley)

Her frustration is expressed in the statements reacting to the inability to oversee an athletic team in the clinical setting.

It's like nobody on our side is allowed by the academic administration to work with the athletic department. I can't have a team and coverage responsibilities. The dean won't allow it. The academic affairs or provost won't allow it. You are in this challenging and difficult spot. (Dr. Ashley)

Dr. Ashley's planning strategy involved research, review, and the understanding and realization of her current work load. Her attempts to maintain current CAAHEP standards and proper directives for the athletic training student were evident. Her planning for educational teaching sessions, future employment positions, and athletic training student advisory boards created an avenue for

continual program evaluation input. However, the creation of a new position and selection of a clinical coordinator tremendously benefited the program in clinical education and direction.

I would think if you are talking about trying to put together planning, the other thing is that this job now, the program director job is too big. You can't be a clinical coordinator and be the program director. And I was doing that and not doing a good job of clinical coordinator. I was doing enough so that we would meet the standards, but not really doing the job. And we got our new clinical coordinator in here, which was the best thing that happened to this program in 15 years. (Dr. Ashley)

Dwayne strongly supported and agreed on the educational and clinical benefits endowed upon the athletic training student program through the hiring of a new clinical coordinator.

I take two different ways, maybe from the curriculum aspect being is the clinical coordinator position that we hired. I immediately saw this addition as a great opportunity for new input within our program that is going to benefit our student athlete. Or our student athlete and in turn our student athletic trainers because the experience is going to be better for both. (Dwayne)

Dr. Ashley's perceptions of the CAAHEP changes brought an increased scrutiny in proficiencies and competency testing, as well as clinical rotations and educational experiences for the athletic training student.

Well the question becomes really, if you have to do every single competency and every proficiency...you have to have a skill check sheet for every proficiency. And when first started this whole issue, where are we going to go with competencies and proficiencies? Because we went from 191 competency statements under the old thing, to 670 competency statements, and 1270 proficiency statements. And it's like what do you do with them, with those proficiency statements. So every single one of those 1270, you set up—set the piece of paper with a study—or with a subset checklist that says this, this and this. And then every student has their own subset thing in a file folder like that. It's just like right now, we've got the copy of the new standards for JRC standards, not CAHEPP standards. The prelim draft copy of the JRC standards. And there are very few changes in there, but there are some changes, you know in terms of the way things are

going to be worded and in terms of the emphasis that CAHEPP has placed on some things versus what JRC is going through. (Dr. Ashley)

Dr. Ashley continued on her response to change over time. She explained her philosophy on the frequency of change within their educational program and the understanding of the effects of evaluating the need for program changes.

So it's entirely individual and I think that you accumulate your data overtime to get a broad picture and then you make your changes as you need to. But as I said, I think you need to be fluent, you have to have a bedrock of where you have to be so that your competencies and proficiencies determine what it is you have to do. You have to have a philosophy about the way that you want to do it, so you can't just be changing every semester or every quarter or this year-this is the new program and we really like this stuff and we're going to throw out everything that I've ever done and do this. That's a disaster. You can't do that. (Dr. Ashley)

Murray's new administrative duties were evident within the interview structure. His motivated personality and professional athletic training student concerns were evident. Northern State University began an aggressive change philosophy in the CAAHEP accreditation process and in an attitudinal shift in the current stakeholders.

A lot of that has changed for the better and I'm not tooting my own horn, but because of my forceful relationship of trying to know that Dr. Ashley isn't going anywhere, Murray is not going anywhere, this program cannot continue where it is. We got ourselves put in an educational dilemma a few years ago. We've got to find a way to get better. And I think the relationships that we have now fostered and the relationship—and the commitment to athletics and that the college has made to the curriculum program by hiring a clinical coordinator and she kind of handles the day to day aspects of the internal coordinating our students and where they are going. Now I'm making the commitment at the curriculum level. (Dwayne)

Communication systems were implemented by Dr. Ashley during the CAAHEP planning strategies and supported by Dwayne and Murray. The

planning stages continued with a high level of communication and ownership for the staff.

We are a program here, we work all together. We have to work with our curriculum program. The one thing that Dr. Ashley has done all the way along is be very up front to say here is what's coming, whether you like it or not, here is what we have to do. And so she is very—she communicated that stuff to us too much. But we knew it was coming. (Dwayne)

I really think they did a pretty good job at communicating that to us and were really involved and let us be involved as much as could in the planning process. this is coming and these are changes that we are going to have to make. They were all—these are the changes that we are going to make. These are the changes that we have to make, how can we make these changes within our structure and our framework. So we all sat down as a staff and said you know what are we going to do to make these changes? And so the communication was always there. I will be honest, the planning to move into—away from the competencies, you know away from the old model into the new competencies, I think all that really was done on a two way street. (Dwayne)

Interdepartmental communication between educational and clinical staff continued. The clinical athletic training staff maintained communication on all issues of CAAHEP and the change process.

I think the two of us do our best communicating back and forth to each other, because we both run into similar problems on how to deal with bosses that don't—that really aren't receptive to change or you know things like that. But I think our clinical coordinator and I work together and are really sound there, but right now I feel like our program is going in a pretty damn good direction. (Dwayne)

Murray shared his comments on the department communication systems with acknowledgment that he would allow Dr. Ashley to work autonomously on the educational aspect of the program. He reflects that he has no interest in being involved in that aspect of the athletic training program.

I think we have a communication with them. We have meetings you know every month or bimonthly. And you know she was actually involved. I

wasn't really directly involved, I really don't want—I want her to be in charge of that. (Murray)

Dwayne reflected that change and the CAAHEP change protocols were difficult for Murray. He shares his insight into the perceptions of Murray's change beliefs. However, he notes that Murray continues to understand that the change is necessary even though he may not accept the shift in responsibility. Murray's catalyst for change may be his interest in the athletic training students.

Murray, I'll be the first one to tell you, that I think will change because he has to. He won't like it. He really and truly honestly believes that we should deep down in his heart we are going to take care of football and basketball. He's covered a tennis match before and he mumbles and grumbles when he has to do it, but hey, Murray—he said...that is our job today. You know I think over time we've done a good job of trying to say change is something that we've got to do because this is the way that the institution or the way that the curriculum has chosen to go and this is what we need to do to keep our students involved. I think that's the biggest thing for him. He's really involved with our kids; he likes working with your kids. (Dwayne)

Another example of preparing Murray for change is the CAAHEP guidelines regarding an ACI's involvement and completion of the athletic training student evaluation.

Maybe something as simple as our evaluation. We had to do a cognitive and affective you know and for Murray to have to fill out an affective evaluation was like way out there. Because effectively—whoa, this is something that you know and that just doesn't go over well. So what we tried to do is make the form as simple as possible and ask questions pertaining to what we could come up with that might best fit, you know the whole—so we try to make changes in that, but we made that form so simple that effectively it got the job done, but for him it wasn't something that he had to sit down and say—and do a 25-minute interview with a student to go over those things. So we try to take each of those changes that we thought—some of the changes, you don't have a choice. But some of the ones that you can sit down and say okay, listen to this, we know it's going to happen, what can we do—and that was a good example, just a simple change of a form benefited him. (Dwayne)

The CAAHEP change effects were evident in the athletic training student's responses and attitudes within the educational and clinical settings. Dr. Ashley and Dwayne listened to the feedback to make the proper adjustments and coping strategies to assist the athletic training students. It was an unanticipated response to the planned change process.

We had some of these kids when this CAAHEP change took place. It wasn't easy for them compared to some of the other kids because the program changed on them a couple of times. But some of those kids adapted to that very well and some didn't do it so well. (Dr. Ashley)

Our senior class right now is stuck in the midst of all this change. And those kids really felt like they got left out. And you know we communicated with them as much as we could and we held student meetings, because I really felt like our kids went in all different directions. Our leadership was awful. And our kids really spoke back and that I thought I needed to hear because the kids felt like they were caught in the middle. And I never knew that. (Dwayne)

In conclusion, Northern State University had a challenging transition in its pursuit of CAAHEP accreditation from its recent undergraduate athletic training curriculum program. The past and current athletic training culture and stakeholder resistance to change created a struggle for educational and clinical improvements. Though communication was consistent, leadership at the top was stagnant and prevented further advancement of the professional aspects needed for a successful CAAHEP program. The educational and athletic department insight into the present athletic training culture provided the impetus for new program leadership, guidance, and direction.

New and aggressive leadership exhibited by the Dwayne and the new clinical coordinator position, prepared the stakeholders for a challenging quest of improvement. Dwayne began to assume his new administrative duties with

increased confidence in his guidance as the change agent. The collaboration of the educational and clinical athletic training programs created an ownership and stronger bond with a vision of improving the athletic training student's education and clinical experiences. Through an understanding and willingness to work as change agents within the educational and clinical settings, both sides of the programs have successfully achieved a stronger, more united educational athletic training program at Northern State University.

Midwestern State University

Midwestern State University is a Division I major institution with an enrollment of more than 25,000 students. Past athletic training experiences include an internship program with recent initial CAAHEP accreditation status. Dr. Alice, undergraduate program director, has been in her present position less than five years. Her previous experiences included several years as an undergraduate athletic training program director at an east coast institution. She has been certified for more than ten years. Maurice, head athletic trainer, has been certified for more than twenty years and in his current position for more than five years. Don, approved clinical instructor, has been certified more than ten years.

Maurice had been presented with the challenge of pursuing CAAHEP accreditation following the initial mandates regarding the profession's educational reform policies. His initial planning efforts involved preparing for the transition to the CAAHEP planned change accreditation.

When this whole thing first came out, it was probably five or six years ahead of this 04' deadline. And we needed to do it, but where would we put it. We were fortunate that we have a lot of choices here, so we could go to a variety of educational departments. But one department seemed to

be really the best fit. And I think it still is. So I met with the director and he was intrigued and all of that. But there was resistance from one department and so we had some meetings and it was interesting because they didn't know anything about athletic training. And so in a couple of the first meetings, I think they expected people to just walk in there and I don't know what they expected, but we actually could put a couple of sentences together. We were reasonably bright and intelligent. And it just kind of started from there. So the resistance-the more they were around us the resistance waned. (Maurice)

Don concurred on the early planning sessions with various on-campus departments.

Once we met with different groups on campus, we felt that one specific program was where we wanted to be. But then plan b, was okay, if that doesn't work, let's go over into this program, this other program is in there and so forth. If the curriculums are the same and everybody learns the same thing, what's the difference? Well you know what, we are different. So that was kind of our planning strategy. We would sit in meetings and we especially had to teach them and educate them on what athletic training was and what we did. And that was difficult. That took almost a year for them to buy into-and some of it was territorial I think. I think they felt like why were you doing this? You know you are filling coolers and taping, you know? They didn't realize the breadth I think of what we do. (Don)

Don continued to share his knowledge of the early planning stages prior to the hiring of the undergraduate athletic training program director. Communication, research, and planning sessions began to create the model for their accredited program

I mean our feeling was we didn't want to reinvent the wheel. Like a lot of programs have been out there already that are up and running. We had you know—we swallowed our pride. We called everybody, how are you doing this? How are you doing that? Let me talk to you about this and let me talk to you about that. So we absolutely used our friends around the country to get information. And quite honestly, I mean accreditation, they were—I mean they kind of send you a how to book. So we weren't completely lost out there. We had a bit of a template to follow. However, we felt that all right, we have a high number of varsity teams, quite of few athletes, we've got many training rooms... we didn't fit into that model that was in there. So we had to make adjustments for that. We had—we sat down and what we did is we have-for lack of a better term, almost like a taskforce. We

had a physician that was involved with it. We had—all the athletic trainers were involved with it. We had a friend of ours in another department who was involved in it. She was an advisor. She was helpful. And basically what we did is say okay, here are the different areas that we need to do. And I was in charge of this area. My area was planning ahead and how are we going to integrate the athletic training students into this program. How many students are we going to need? (Don)

The planned change process was difficult and offered forms of resistance in the early stages of the planning period with the institutional and athletic training stakeholders. Change was just as difficult for Maurice as the head athletic trainer who was guiding the change process at Midwestern State University.

I think I've gotten better. I think a lot of people would say that probably early in my career I was not real good at it. I don't like the word rigid, but I think I probably was a little bit more you know the world was very much black and white and it was like this way or this way and you know on and on and on. And either I have just been forced to realize that there are a lot of other things out there or I've been forced to really be in a significant change situation. (Maurice)

The next planning step was to continue to work internally on the structure and philosophy of the program while beginning an official search for the undergraduate program director.

If you have any hope to get this program up and going they need to have a Ph.D. Like okay. So none of us were going to do that in six months, where do we go from here? And then that's when we sat down—this taskforce, this group and said all right, what do we want? What are we looking for? Because we felt that we needed somebody who would be respectful for what we have already done in the past and respectful for you know where we are going. You know it's like I guess we want a curriculum...So we didn't want somebody to come in who was going to be like okay, great, 50% of your job is this and then the other time, yeah you take care of your team. Like they needed to be respectful of that and that was the biggest thing that we looked for. (Don)

Dr. Alice was hired as the undergraduate athletic training program director at Midwestern State University. Dr. Alice's goal was to attain CAAHEP

accreditation at an institution that for over the past twenty years had developed a successful athletic training internship program through the eyes of the local stakeholders. “Institutionally, I think change is very, very difficult,” Dr. Alice reported early within the planning process.

We started to figure out where we were and where we were, was a microcosm of athletic training in the mid-1980’s, in terms of the role of the athletic training student and the way that the things worked there. So seeing where we were, seeing where we need to be with the standards and guidelines and started to—at least I started to put together a plan up here, all the things that we have to change. And then we started to try to implement a few of them at a time as we went through, rather than trying to do it all at once. I think if we did it all at once they would have probably tarred and feathered me and then hung me from the flagpole and it would be over. (Dr. Alice)

Dr. Alice initially began to sense the resistance of her attempt to implement an accredited athletic training program. The abundance of resistance to change was present due to the past athletic training culture, stakeholder perceptions, and assumptions of the CAAHEP educational program.

Resistance isn’t maybe the word that I would use. Apprehension I would certainly use a great deal. This is very different than the way they did it. And to give a little background, when I was hired, I was the one of only a few ATC’s at Midwestern State University who was not an alumnus. All of the ATC’s were program alumni at the undergraduate or the graduate level. So they all knew how it all had been there and most of them had no idea how it worked in accredited programs. So resistance to change, maybe not as much as genuine fear of how is this going to work. And part of the other thing is with our staff used to functioning in a big time Division I program, all things are negotiable. And you’d say here is what the standard is and say well that’s maybe more than we can do, I think we are going to do this instead. And this is not a negotiable point. (Dr. Alice)

The major resistance barriers consisted of the past athletic training internship culture and a current defined clinical leadership system. Her model of educational

reform was directed at the collaborative relationship between education and athletics.

It took me a little time to get a good feel of how the structure worked at Midwestern State University and of course I ought to get that feeling, right. I think when I came in everyone was very used to the model of Maurice being the director of athletic training. And I think the staff sort of envisioned that the athletic training education program would function very much like those facilities and that Maurice would still direct everything and I would function like a facility supervisor. And they would all answer to Maurice and Maurice would be at the top of the pyramid. Well it doesn't work that way in the academy. If you are going to have an education program and it's a tenure initiating unit and it has to be autonomous in athletics, so it can work together and collaborate together. But, instead Maurice and I needed to function as parallels rather than a direct answering chain. And it's taken us a couple of years to get comfortable with exactly how that works. I think we are still working on it. I didn't get anywhere, because until Maurice gave the okay, the staff wasn't going to be on board with anything that was happening. So instead I had to learn okay, I need to go talk to Maurice and when Maurice and I have hashed it out and I'm happy with it, then I can go to the staff and it works out very well that way. But it took about a year to get that model figured out of how it was going to have to work. (Dr. Alice)

Dr. Alice continued to pursue the accreditation with extensive work on the self-study in preparation for the site visit. However, resistance continued within the educational planning system. Dr. Alice continued to understand and learn the cultural environment in the athletic training department at Midwestern State University. She had noticed early in the process that the planned change would not be successful without the total support from Maurice and his vision for the program.

I don't think I had the credibility with our staff because I am not a Division I clinical athletic trainer. I haven't walked the walk the walk in those shoes. So I can tell you what you need to do, that doesn't mean that you are going to embrace what I say because I have not been in your environment. A really important part of getting there I think was getting Maurice to understand that and embrace what we had to do and why. And as Maurice, our head athletic trainer was able to do those things, he was

able to give the message to the staff that we need to move in this direction. (Dr. Alice)

Maurice and Don observed that Dr. Alice was unprepared for the resistance and underestimated the passion of the clinical athletic training staff. The past culture of a successful internship program had been permeated with ownership and pride.

She was unprepared and overwhelmed, maybe that's too strong of a word, but she was certainly unprepared for our group. Because we just have a passion for this program and some of the newer staff that aren't graduates of here or did a curriculum probably don't have that. (Maurice)

We were a little resistant to change at first because we are like we are being punished for a lot of internship programs that aren't doing it the right way. That was one of our ways that we looked at it. And as we progressed and went through, I finally decided you know what, this is what it is and we have to change in order to be a part of it. Because if we don't change what we are doing and you know add the curriculum and all the stuff that goes with it, then we are not going to be a part of athletic training at all. And so I think that was—once we got everybody to buy into that and that was hard. (Don)

In return, Dr. Alice learned that the past culture and passion of the clinical athletic training staff created a resistance to change. Shortly thereafter, Dr. Alice began to understand, communicate, and share the model of her vision with the clinical staff by creating a model unique to Midwestern State University.

There is a lot more tension between clinical staff and academic staff. And having gone through this role for a couple of years, I can see how that would come. No one likes to be dictated to. And it was sort of a, I understood what needed to be done and instead of taking the time to explain it all to everyone, so that everyone understood the whole thing, I was going to make it easy on you, I was going to tell you here are the pieces that are yours and here is what you need to do. And I have come to learn that that doesn't make it easy on people. That just makes them out of the loop and frustrated. So I have learned over the last couple of years to try and lay out, here is what needs to be done. Here is how it fits into the big picture. Here is the end goal. So here is why your piece is critical and what you need to do. (Dr. Alice)

Dr. Alice continued to understand the model that had been created with the past internship athletic training program. The model represented an initial lens of athletics as the utmost importance to the clinical athletic trainer with the educational process secondary. The challenge created a struggle between education and athletics, and internship versus educational systems.

Our staff still by in large see a lot of things through the lenses of athletics because that's where they have always been. And they need to, they need to see the care of the athlete as their primary role and the education of the student as their secondary role. And if that ever switches, they aren't doing their job right for the athlete because the athlete has to be their first concern. That's their primary appointment. My role has to be backwards to that. I have to see the education of the athletic training student first and how that fits into the care of the athlete second. And sometimes it is good that we have those roles different, because it means that we can go in and champion each of our causes and find a way to make them work. (Dr. Alice)

It's been difficult. I would be less than honest if I didn't say it was just horrifically difficult. I think any of us that were internship people and we had tremendous people who were internship people. And we thought good or bad comment, you know we had a great internship program. But it was like okay we've got to blend these two programs. We've got to blend academics and blend the curricular, but we are not going to just—athletics is not just going to give or relinquish... (Maurice)

The 'buy in' for the returning stakeholders of Midwestern State University involved developing an environment of ownership and allowing them to be heard in the process. The head athletic trainer continued to lead his stakeholders through the change process and currently continues to allow his clinical staff a voice in decision-making and developing problems.

But everybody really did buy in. And to me that was the key. If we didn't have the buy in from the staff or at least a 100% of the staff, it just wasn't going to work. And so what I tried to do in this process was even if somebody didn't buy in, some old school guys like me, then you would give them a little pass to keep them engaged. They had a part of it and

they had a voice. You know we've done the last couple of years, actually three or four years, we've done a retreat in the fall where we take three half days in the morning before school starts. (Maurice)

Don shared his perceptions of the stakeholders that continue to offer resistance to the CAAHEP planned change. He observed the difference of communication styles between the educational and athletic environments. He stated that even though the change process was a challenge, all the clinical athletic training staff members were focused on the goal and vision of attaining CAAHEP accreditation.

So we had some folks who didn't buy into that initially. And they were very frustrated and I felt badly at times, we would have meetings and we've all been—our staff in athletics, we say on our minds. We feel very comfortable with that. Don't go away angry from the table. If I have an issue, we are going to bring it up. I mean one staff member would cuss and scream and we would go out to breakfast. And that's how we all lived. And I don't think academics live like that. So I think that first year was tough for our curriculum folks. I think that first year was very challenging and very difficult. I think one of the biggest strengths was the fact that we all bought into this is what we want to do. We absolutely—our goal was to get accredited. And we all bought into it and we said this is what we are getting done this year. What's our focus this year? Get that darn accreditation. So I think there was an uniformity in that and I think that any time you have a group committed to one thing and they all are working towards it, it can be a very positive environment, very positive. It was stressful at times because you know did you do this part? (Don)

The undergraduate program director attempted to maintain communication in the early planning process through electronic mail and regularly scheduled staff meetings. Once again, an unknown institutional and athletic culture challenged Dr. Alice to overcome early resistance to her attempts at electronically mailing program information. She had noticed that responses and a minimal amount of communication were being generated through her correspondence. Dr. Alice,

Don, and Maurice provide their perceptions of the communication challenges presented early in the process.

As soon as I had any information or need to have something done, I went right to that person. I also learned that the staff at Midwestern State when I got there were not as comfortable working through e-mail as they were working through face to face conversations and telephone conversations. When I was out east, everybody was on e-mail. And everybody here is on e-mail, but they don't live in e-mail. So I could send an e-mail out to the staff and get nothing. I needed to call Maurice and Maurice and I talked, we were good and then I sent out an e-mail and called everybody and said hey I just sent out an e-mail, take a look at it, and that worked. But it was a matter of learning throughout the process how people functioned, how they needed to get information and how they needed to receive approval of that information before they reacted to it. (Dr. Alice)

Basically, once we kind of got up and going and our curriculum director got on board, it pretty much came from him. And she's a big e-mailing person. I mean we would laugh. Like one of my co-workers in my facility, she would say do I need to read this or not? Because I would read all of it—do I need to bother and I would say no, don't worry about that. Okay, delete, because you could get five or six a day. Yeah, big attachments and anyway, that was her way. Because she was in—I'm sure she was used to being on a smaller campus. (Don)

I was kept abreast of the whole scenario. . We certainly—early on we met more regularly. We probably don't meet as often as we should and we both probably agree that—that's not because we don't like each other whatever, but we need to probably force ourselves to do that more. Some of the situations that have occurred in the first couple of years probably occurred because he and I didn't communicate well enough or often enough. And I think also you've got you know his idea and our idea, a lot of the times in agreement, but not all the time. So that's all part of this give and take thing, I think. E-mail, I mean was a strong method of communication. Actual staff meetings are good and then one on one meetings. (Maurice)

The program's leadership was defined by both Dr. Alice and Maurice. Both the educational and clinical staff positions shared a straight forward defined role for the stakeholders. Dr. Alice clearly defined and explained her leadership role

for the institution's educational system and Maurice defined his role as the leader of the athletic system at Midwestern State University.

I think a lot of our staff would see one person as having that role. I see that role being split between two of us. And I think that it has to be that way. There is no way that you can have academic credibility at your institution if your program is being under the direction of the athletic training staff and the head athletic trainer. If you do, you are dead in the water. You know as you are evaluated for tenure and as your program is evaluated institutionally, you are not seen as being equal and on fire with the other programs in the academy and you will get nowhere. You will have no credibility. You will have no voice. And eventually you will have no control, even over what your own program does because someone will reassert that for you. (Dr. Alice)

I think my position, whether it's me personally, but I think the position of the head athletic trainer, you know at least here. Because we impact—I think we impact from a change perspective the most. In other words, we are going to be with coaches day to day, with the student athletes day to day, we are with our athletic training students day to day. We are out in all these facilities day to day. And so I think we just by the very nature have the most influence and/or impact on various groups. (Maurice)

In conclusion, the planned change process instituted at Midwestern State University offered a tense and challenging resistance prior to the implementation of the CAAHEP accreditation process. The past and current culture involved an institution that was resistant to change, a successful and prideful internship athletic training program, a clinical staff that had experienced athletic training only through the lens of an internship program, and a powerful leader imbedded in directing the cultural change. The undergraduate athletic training program director was offered a challenge to institute a change process with an unawareness of the cultural barriers she was to face. Once the model of change was determined, Dr. Alice was able to work in a tense environment of planning for change and educational reform. The necessary barriers needed to be overcome

were gaining acceptance and support from the head athletic trainer, providing a common goal and vision for the stakeholders, and offering ownership to the stakeholders in the newly created educational program. The vision and passion of the returning members of the athletic clinical staff allowed for this change process to be implemented in collaboration with the undergraduate educational athletic training program director. The common prevailing theme focused on the power and vision of a major Division I athletic program versus an educational process. Thus, in the midst of change and continued resistance, the need to understand and experience the present culture through the stakeholder's lens and mental models assisted the undergraduate program director over time in overcoming barriers during this challenging transitional change process of educational reform.

CHAPTER 6

DISCUSSION

Planned change is distinct from other kinds of changes. When we are engaged in planned change efforts, we are engaged in persuasion and empowerment. Individuals need to be persuaded to adopt the change(s); and once they are persuaded, they need to be empowered to implement the change(s) (Mets, as cited in Peterson, Dill, Mets, & Associates, 1997, p. 349).

The National Athletic Trainers' Association implemented a planned change directive involving educational reform. This planned change policy informed the athletic training membership that all students who are eligible to qualify for the NATA certification examination must graduate from an accredited undergraduate athletic training program beginning in the year 2004. The implementation of the CAAHEP accredited educational program was a planned change within the national athletic training organization, higher education institutions, and undergraduate athletic training programs. The planned change directive greatly affected not only the undergraduate student athletic trainers at these institutions, but also the certified athletic training stakeholders who chose to pursue the CAAHEP accredited educational route.

Planning for the change involved the stakeholders in a direct and indirect manner of planning, preparation, participation, and daily implementation. The certified athletic training stakeholders involved in the CAAHEP planned change were affected by change in many ways. Planning for the CAAHEP accredited programs directly prepared higher educational institutions for the adaptation of changes such as the self-study, curriculum development, faculty appointments, resources, and athletic training clinical expectations. The indirect changes created

by the CAAHEP planned change focused on time management, athletic versus academic balances, individual coping strategies, and unprepared change agents leading the local change directives. The local institutional stakeholders were unprepared for changes in institutional culture, employment expectations, leadership styles, communication systems, athletic training clinical guidance, and local resistance to CAAHEP change policies.

The purpose of this study was to analyze and evaluate the implementation of the planned change process of the NATA's educational reform program at the institutional level. This study focused on professional and personal issues affecting the stakeholders involved in the planned change at the local level following the institution's decision to pursue the undergraduate athletic training accredited route. The local stakeholders revealed that change is highly personal, unpredictable, complex, and uncertain (Larson, 1997).

Resistance to Change within Undergraduate Accredited Athletic Training Institutions

Now for an individual who didn't have structured involvement in the educational program and now it's almost being forced upon them in order to maintain the ability to use students in their delivery of healthcare, that's where I think nationally we are going to have ourselves a big change.
(Matthew)

Matthew's statement on change reflected a growing concern among members of the NATA. However, more importantly, Matthew's perceptions of the planned change are directed at the clinical athletic trainers and their delivery of health-care to intercollegiate athletics. Matthew's response and resistance to the change fails to mention any concern for the education of the athletic training student. His assumptions on the accreditation process and response to change reflect a

longstanding mindset of the certified athletic trainer involving the daily health-care needs of the student-athlete and the perception of the duties of the athletic training student.

Nationally, many athletic training programs were supportive of the planned change through creating the proper balance between educational and clinical environments and the implementation of the standards for the accredited undergraduate athletic training programs. Many stakeholders were concerned that the change in their clinical preparation and delivery of daily health-care of the student athletes would be affected. Meanwhile, these stakeholders perceived the pursuit of the undergraduate athletic training accreditation as a way for institutions to continue to maintain the daily health-care needs of their intercollegiate athletic programs.

The CAAHEP planned change reform issues were supported by the majority of the accredited programs. However, resistance to the change came from specific individuals within each program. The accreditation process was supported by all undergraduate program directors. The undergraduate program directors were involved in the majority of the CAAHEP and NATA communication systems and supported the educational reform issues from an academic standpoint. Specific issues and policies regarding athletic training student changes were challenged, questioned, processed, and implemented. The head athletic trainers endorsed the accreditation process in theory. Several head athletic trainers struggled with the official practice of the CAAHEP directives such as the first responder, direct supervision, and travel issues. The resisted changes affected the clinical

environment of the athletic training student and the clinical work load of the stakeholders.

Change was a personal, reflective, and complex situation for all the stakeholders. Though all certified athletic trainers shared stories and assumptions with change, not all stakeholders developed consistent and workable coping strategies to overcome change. Through past experiences and professional experiences, the stakeholders had offered and developed coping strategies for prior change issues. Many of the stakeholders relied on individual processes, personal reflection, and family dialogue in handling change scenarios. Few stakeholders revealed that a professional colleague was involved in their coping with change and resistance to change strategies. However, the resistant to change issues and situations offered substantial conflict and challenges often in the professional environment.

The two programs that revealed early resistance to the planned change educational reform issues were North Eastern State and Midwestern State University. Both programs responded with the head athletic trainers as being perceived as the leaders of the program. Northern State University created a collaborative leadership program with the unique job responsibilities of the approved clinical instructor, undergraduate program director, clinical coordinator, and dean. All other programs either shared a collaborative leadership between the head athletic trainer and the undergraduate program director or the undergraduate program director was perceived as the leader of the program. The literature reports that change may be resisted due to the leadership's resistance for effective

change, not middle managers or membership (Dent & Galloway, 1999; Quinn, Spreitzer, & Brown, 2000). This theory was supported with the resistance to change response at North Eastern State and Midwestern State Universities. Both programs named the head athletic trainer as the perceived leader of the program in the early stages of pursuing the accreditation process.

Zaltman's (1977) theory on the preparation of an environment for planning and change was supported throughout the seven institutions. His theory was useful as an evaluation process for uncovering problems potentially affecting the planned change process. Six of the seven institutions perceived a sense of need and value for the planned change of accreditation. Though Midwestern State was pursuing accreditation, initial need for the change was challenged by the stakeholders who perceived the internship program as a beneficial and positive experiential learning environment for the athletic training student. The second theory, the pursuit of creating an openness of change, showed early resistance among three of the seven institutions. However, as time continued, all seven institutions developed a culture of openness to the planned change of accreditation. All programs agreed that they had developed an environment, support, and resources for the potential for change. Zaltman's fourth factor involved 'perceived control over the change process.' Three of the seven institutions, responded with stakeholders who expressed an inability to control the change process. Two of the three planned change institutions communicated, collaborated, and planned to allow the stakeholders a sense of ownership in the planned change process. The fifth factor involved the commitment to change.

This theory was the determining factor as the stakeholders' commitment and program support to the planned change. Four of the seven institutions shared an early commitment to the educational reform policies and change. Two of the three accredited institutions gathered stakeholder and program commitment through change agents and planning processes. North Eastern State University reported a commitment to change with several key stakeholders responding with initial personal and professional resistance to cultural and institutional barriers.

Mental Models: A Prior Understanding for Change

Mental models, according to Johnson-Laird (1983) and Senge (1990), represent an individual's interpretation of life, perceptions, changes, and ultimately the decisions affecting our active participation in our environment. Mental models shape our decisions unconsciously regarding the issues, changes, and planning decisions attempted. These subtle, unconscious processes, in turn, create personal effective outcomes and standards affecting the decision-making concept or resistance to change.

Mental models subtly permeated the conversation with the majority of our athletic trainers. The mental models designed allowed the researcher a deeper insight and understanding into the athletic trainers' reasons for processing, reacting, and coping with change. Dr. Allison's mental model and assumption on the topic of change was shared. Her assumption on positive change and reaction appeared consistently throughout the interview.

I love life. I love what I'm doing, if I can lift everything up around me the program comes up and I'll rise right with them. How you respond—your happiness or success in life is based on 10% of what you do and 90% of

how you react to that change for people who go on about you. That is so true. (Dr. Allison)

These shared assumptions were exposed early and throughout the interviews in order to understand the decision-making processes of the athletic trainers. Senge (1990) recommends that learning organizations need to bring key assumptions to the surface and develop an awareness and reflection of issues through inquiry skills. Becoming aware of one's own mental models is an initial step in creating personal awareness. Senge (1990) reports that if we do not understand our personal mental models as we make decisions and interpret new situations, it will be difficult to change the results we are achieving and move to a higher level of performance. The stakeholder's assumptions led the researcher to develop an improved awareness of the health-care worker's mental model approach. Through listening and understanding the certified athletic trainer's model on change, an individual can plan for future challenges or decision-making situations. All four of the following statements allow a deeper insight into personal development and reactions to change. By listening and reading the following passages, I had a deeper insight into Dr. Alice's approach to problem solving, Dr. Aaron's early in life realization that change affects more than one person, Megan's change reaction and process to confrontation, and Marco's willingness to fight and help people.

I think I learned a lot from problem solving. I learned how to see a problem, break a problem into its components and look for the weak link that you can attack first. And that's sort of how we approach research problems. Being a researcher that's sort of how I approach other problems as well. (Dr. Alice)

So those things early on and I think beginning to realize—help me understand and helped me—you know that change didn't ever affect just one person. It affects the group. Or some other derivative numbers, but it

never affects just one person. So I saw those things go on early on. (Dr. Aaron)

I'm just a real person. I like it real, just tell me what you are trying to say. Don't paint a picture for me. Just tell me what you are trying to say here because it's not clear. So as far as that goes, my opinion sometimes comes off as I don't understand what you are trying to say. Because I don't know. (Megan)

I'm like-you have to be willing to take that risk. You've got to fight it...my whole personality is to help people. It has been since I was a little kid. But you know you have to get some guts about you and keep fighting for the things that you know that has to happen for this to change for the better. (Marco)

The stakeholder's mental models revealed a perceived acceptance and understanding of the CAAHEP planned change issues. The presented mental models described the stakeholder's personal feelings, perceptions, reactions, assumptions, and responses to change. The details describing the initial development of these assumptions showed a wide range of factors involving parents, mentors, families, and faith-based decisions. The athletic trainers were cognizant of the development of their mental models and the impact involved throughout exposure to change, decision-making, and life skills. However, the initial challenge presented to the stakeholders focused on understanding their own mechanisms for reacting and coping with change and the need for other local stakeholders to accept their change responses in a positive and fulfilling direction.

Through the results of the interviews, general definitions and assumptions of change were noted consistently within the groups. However, the athletic trainers struggled to define their own personal definitions of change. Change was often interpreted as a positive, negative, or neutral force within the environment. Individuals have to understand their own personal assumptions and terminologies

of change issues prior to decision-making opportunities. Without an understanding and common starting point, accepting and preparation for change may be difficult. It was noted that stakeholders had difficulty describing a definition for the term change. However, scenarios, experiences, and descriptions of professional change assisted in the understanding of the stakeholders' assumptions.

Change was accepted as a common fact of life for many athletic trainers. However, most stakeholders expressed a defining moment in understanding, adapting, or coping to change through the influences of past personal assumptions, experiences, or issues. If these mental models are not brought to the surface within our athletic training educational or clinical environments, we may fail in achieving long-term successes in planned change situations. "One way that this failure rate might be lowered, is through the ability to understand and identify behaviors that indicate a proposed change is being resisted by individuals within a group or an organization" (Volker, 2001, p. 15). Therefore, a need to share personal mental models among local stakeholders is strongly recommended to overcome initial resistance, develop support, create coping strategies, and plan for future change processes.

Many organizational leaders resist change due to the behavioral concept that their deeply embedded mental models are simply models, not reality (Senge as cited in Dent et al., 1999). Dr. Anthony's mental model created a perception of the clinical athletic trainers and their possible resistance to change theory. Dr. Anthony's assumptions are directed at institutions pursuing CAAHEP

accreditation for the purpose of using athletic training students to assist with the overwhelming predicament of covering athletic clinical experiences and athletic teams instead of supporting educational learning as the initial priority structure. If these current mental models can be conveyed and shared prior to the implementation of the CAAHEP accredited athletic training program, the change agent can develop a deeper understanding of the resistance to change and prepare a specific planning strategy to attack this model.

Well I think that some people were resistant to change because they didn't see perhaps the value to the profession. I think probably most people were resistant to the degree that people were resistant to the change, I'm going to surmise that most of them were resistant because it would force them to do things differently than they had done before. A lot of people that were—you know that had student athletic trainers as interns weren't educators. I mean they weren't in the business of education. I mean they were clinical athletic trainers, that's what they were trained to do. That's what they were paid to do. And so now they are saying well geees you know, we've kind of like having our students around and if we want to continue to do that, we have to really put this whole major program in place and it's just a huge undertaking and it's a lot of work. And do I really want to do that? (Dr. Anthony)

Therefore, the conflict will continue between the CAAHEP accreditation's educational and clinical settings unless the institution and the present athletic training culture fully support the educational reform transition in the athletic training students' academic development, resources, academic and clinical staffing, and professional beliefs.

CAAHEP: The Planned Change

The CAAHEP planned change directives offered undergraduate athletic training students an educational by directed environment to learn, practice, and become exposed to the profession of athletic training. The initial component of

the accredited athletic training program is focused on athletic training student education. The NATA and the national governing boards had prepared the planned change directives with athletic training educators on the academic parameters and expectations in the athletic training educational and clinical settings. The primary focus of educational reform was directed towards undergraduate athletic training student education. However, minimal preparatory planning and regard for the implemented changes were directed towards the clinical athletic trainers who were indirectly affected by the planned change policies.

The CAAHEP directives prepared the undergraduate athletic training programs for the self-study, educational and clinical guidelines, planning strategies, and athletic training student learning opportunities. The indirect change noted was the lack of preparation in guiding the local institution in understanding and planning for the personal and professional changes that the CAAHEP accreditation would entrench on their professional lives. All institutions were forced to prepare and plan for the personal change within their own staff members through observation of resistance and awareness of responses to change. The response and reaction to change could not be envisioned as each institution faced unique cultural barriers, leadership styles, and institutional accountability. Individual institutions faced preconceived assumptions regarding the planned change and prepared for the planned change among the institutional full-time staff.

The CAAHEP planned change encounter received resistance on several key factors in most institutional accredited programs. Minimal concerns were voiced

on the educational standards established by CAAHEP. However, consistent resistance to change involving direct supervision, the definition of first responder, and travel obligations were the most discussed change concerns. The significant number of competencies and proficiencies caused concern for several programs in pursuit of creating a consistent process for implementing and evaluating the standards.

The resistance to change involving clinical protocols in comparison to the educational standards revealed a significant finding in the study. With the accreditation emphasis on education for the athletic training student, the change process most affecting the certified athletic training staff stakeholder was grounded within the clinical athletic training environment. The concerns voiced by the athletic training staff focused on the generated effect of the full time staff, not the athletic training student.

The clinical athletic trainer voiced concerns directly affecting the athletic training student's professional characteristics and traits, not the acquisition of educational knowledge. The voiced athletic training student concerns included dedication, attitudes, experiences, and limitations of clinical hours. Increased sport coverage, additional full time staff members, increased time spent with the athletic training student, and the need to change for athletic training students in the profession, were factors noted during the interview session.

Program Planning Strategies

The majority of the institution's program planning strategies for CAAHEP accreditation was generated by the undergraduate athletic training program director. Program input, professional opinions, and communication were generated with assistance from the institution's head athletic trainers. The change literature reflects a need for significant, active involvement of the affected membership in order to initiate, implement, and maintain the planning and change process (Mets, as cited in Peterson et al, 1997; Pomrenke, 1979). All accredited programs offered the stakeholders an opportunity for feedback regarding policy making. However, the undergraduate program directors responded with individual styles of leadership and planning strategies. The self-study preparations and planning guidelines were mainly instituted by the undergraduate program directors. All seven of the undergraduate athletic training program directors offered in-depth awareness, understanding, and an explanation of their decision making processes and planning styles involved in the planned change directives.

Planned change strategies should be based on institutional research and cultural analysis, diagnosing the problem, formulating goals and mission, identifying planning ideas, sorting and prioritizing program ideas, formulating planning goals and objectives, implementing appropriate goals and objectives, implementing and maintaining change, and evaluating the procedures involved in the change process (Caffarella, 1994; Hipps, 1982; Lippitt, 1973; Peterson et al., 1997; Winstead, 1982). All of the undergraduate program directors reported four or more of the previous mentioned traits on planned change strategies. An

institutional research and cultural analysis were reported by all accredited programs as a necessary factor in planning. The formulation of program goals and mission was apparent in five of the seven programs. All undergraduate program directors identified program planning ideas with four of the seven reporting a prioritization of program ideas. The formulation of planning and implementation of goals and objectives was reported by all program directors, though in various levels of specifics and direction. All seven undergraduate program directors were the main catalyst for implementing and maintaining the change. However, several programs offered a collaborative effort of institutional stakeholders for the maintenance of the planned change. The procedures for evaluating the planned change varied among programs. All seven institutions reported evaluation procedures for the athletic training student. All of the institutions reported a summative response for evaluation as the attainment of NATABOC certification as a standard for judging success of its undergraduate program. The program evaluation procedures included the attainment and maintenance of CAAHEP accreditation, NATABOC examination scores in specific domains, employment placement, employer's satisfaction, alumni satisfaction feedback, outcome-based testing, problem-based learning, and instructional classroom design feedback. Two institutions discussed the need to devise a consistent grading style system of undergraduate athletic training programs incorporating a myriad of protocols. Once this system was created and implemented, the institutions would devise future rankings of the top twenty-five percent nationally CAAHEP undergraduate athletic training programs using the established protocols. This ranking could

assist with future recruitments of athletic training students or enforce undergraduate CAAHEP programs to maintain specific levels to maintain accreditation.

An interesting note, not one institution could describe a procedure for evaluating the effects of planned change or change on the stakeholder. Five of the seven institutions noted resistance to change and implemented professional strategies to assist with the stakeholder's response to change. However, an evaluation system for assessing the stakeholder's professional response to changes was not developed nor implemented on a consistent, long-term basis.

Effective planning strategies require stakeholders who are receptive to a shared vision through an understanding of the organizational culture and environment. All undergraduate program directors attempted to create an environment of shared vision with the local stakeholders.

Once the organizational members are persuaded to accept the change theory, they need to be empowered to implement the change process within their organizational culture and environment (Peterson, 1997). The empowerment includes an awareness of mission, philosophies, culture, and a voice in the organizational process. Four of the seven institutions offered empowerment early in the planning stages to the stakeholders. The three remaining institutions pursued acceptance of the planned change with a continued avenue of empowering its stakeholders and created a voice and stakeholder feedback in the planning situations.

Planned change is considered a conscious and purposeful effort directed towards creating modifications in a stated organizational goal. This deliberate process requires members of the planned change organization to relearn and restructure their roles to achieve this predetermined goal (Zaltman & Duncan, 1977). The process of relearning and restructuring roles was a challenging factor among stakeholders in most institutions. Stakeholders in five of the seven institutions were forced to change and restructure their professional roles during the planned change process. The changes affected clinical supervision, academic teaching loads, implementation of proficiency and competency testing, active participation in athletic training student learning, and daily professional planning of their athletic team coverage. Resistance to change and professional restructuring was high.

The successful implementation strategy of planned change focuses on values, culture, strategies, persuasion, and empowerment. An effective planning process requires an organizational culture that is open and values a shared vision. The shared vision should encourage an organization to find shared language and goals, while trusting and learning about the current institution's internal and external environments (Chaffee & Jacobson, as cited in Peterson et al., 1997). The development and implementation of this shared vision was evident in all seven of the institutions. The shared vision was created by the undergraduate program directors and head athletic trainers in pursuing the value of an accredited program. Two institutions were led in the early stages of planning and shared vision by the head athletic trainers, one in a strong collaborative effort among educational and

clinical athletic training staffs, three institutions with the undergraduate program director's guidance, and one institution directed by the approved clinical instructor who had been assigned recent delegated administrative duties.

All stakeholders were involved in creating and encouraging others in achieving the success of accreditation. Midwestern State faced resistance from a prior culture of a successful internship program, persuasion from the head athletic trainer, empowerment among the stakeholders, and a shared vision of accreditation. Midwestern State's pursuit towards accreditation reported a slow, but persistent strategy of persuasion with a collaboration of vision, trust, and encouragement within the local and institutional culture. The challenge of understanding the institutions past and present culture was evident in all seven of the accredited institutions. All of the institutions presented a culture of strong values, resistant behaviors, and institutional beliefs that were compromising the attainment and long-term success of planned change. Culture, the culmination of an organization's most trusted and recognized values, beliefs, visions, and behaviors (Mercer, 2001), is a powerful, sometimes non-recognized factor, in attaining and successfully introducing a change process.

Leadership Traits In Athletic Training

Cameron and Ulrich (1986) recommended five strategies needed for effective leaders in transformational change. The leader (1) must create a state of readiness for change, (2) overcome resistance, (3) articulate and share a vision with the membership, (4) generate individual and group support and commitment, and (5) institutionalize the implementation of the change process. Leaders within the

seven institutions were defined as the undergraduate program director leading the educational forces, the head athletic trainer guiding the clinical athletic training environment, or a collaborative effort between the undergraduate program director and head athletic trainer.

According to Cameron and Ulrich's (1986) recommended strategies, all seven institutions reported at least 80% of the recommended processes. The institutions struggled with overcoming resistance among the stakeholders during various stages of the implementation process. The institutions that were initially resistant to the planned change reported leadership struggles in overcoming resistance and generating group support and commitment. The determined leaders continued to encourage the institution's participation and acceptance of the shared vision. The willingness to accept the shared vision must be trusted by everyone, including those who are designing and participating in the planned change process and those who are not actively involved in the actual design process. The leadership of planned change must be effective in invigorating the membership, creating a vision, developing a membership committed to the vision, and guaranteeing that the membership's organization is capable of keeping up with the demands of the change (Mayan, 1996 as cited in Hingis, Brown, & Greenwood, 1991; Mohrman, Ledford, & Mohrman, 1989; Nadler & Tushman, 1989).

The implementation of leadership is the cornerstone of managerial implementation, success, and vision. The athletic trainer is an ineffective change agent within his or her environment without the ability to influence attitudes and behaviors toward a predetermined goal (Ray, 1994). A significant number of

leadership traits were shared by the stakeholders in defining a leader. The most frequent shared defined traits of leadership were communication ability, vision, people skills, servant leaders, experience, and conflict resolution abilities.

Program Communication of CAAHEP

The leadership skill of communication is “by far the most important element contributing to the success of a planned change process” (Lippitt, Langseth, & Mossop, 1985, p. 111). Communication of the planned change CAAHEP policies were directed initially to the undergraduate program director. Within six of the seven institutions, the undergraduate program director was responsible for communicating with the stakeholders at their institutions. Stakeholders were notified of changes and future CAAHEP directives through the undergraduate program directors. General information regarding the mission and future planned change of the National Athletic Trainers’ Association planned change was issued to all stakeholders through electronic mail, membership newsletters, and national membership town hall forum meetings.

The value and importance of communication and organizational change is significant in the implementation process (Covin & Kilmann, 1990; Lewis, 1999). Covin and Kilmann (1990) reported that the failure to properly communicate needed change policies and share pertinent information with membership were considered to have a strong negative impact on the acceptance of change policies. Three of the seven institutions reported concerns in the communication of CAAHEP accreditation information. The institutions concurred that changes were not properly shared with the membership, changes were implemented

without national stakeholder input, and changes were implemented too often and without sufficient warning. The improper planning and communication efforts created a local culture of resistance and lack of ownership within the national organization. The undergraduate program directors at all seven institutions reported a high degree of local communication among educational and clinical athletic trainers though a lack of communication was perceived at various times of the accreditation process.

Lewis (1999) reported that although the literature states the type of possible effective channels for communicating information, current research is limited about the patterns and various channels used for disseminating information in planned change situations. The seven institutions reported educational and clinical staff meetings varying in frequency rates from weekly to monthly. Formal communication meetings were consistent among most institutions, then electronic mail, followed by informal discussions and personal dialogue among educational and clinical athletic training site stakeholders. However, it must be noted, that each individual institution, culture, and stakeholder has a preference in type and style of the most efficient communication system. Therefore, a variety of communications systems must be recognized, attempted, and evaluated for efficiency to guarantee successful implementation of change processes.

Collaboration: Educational and Clinical Athletic Training Unity

Undergraduate educational athletic training and clinical athletic training need to continue to collaborate together towards one common vision: The National Athletic Trainers' Association's vision of educational reform. However,

educational reform is a two-way street in creating the academic and clinical domains necessary for long-term successful educational programs and athletic coverage. Collaboration is sustained from stakeholders who actively communicate, share, and work together in the development of ideas, assumptions, vision, needs, and purpose.

North Eastern State, Northern State, and Midwestern State initially struggled in developing a collaborative relationship between educational and clinical staffs. The institutions of South Western State, North Western State, South Eastern State, and Southern State responded with educational and clinical staff unity and collaborative effort in supporting and creating their accreditation environment.

The institution's stakeholder most resistant to change was the clinical athletic training staff member. The undergraduate program directors were granted the opportunity to guide each of their prospective institutions through the planned change directive. The selection and hiring of the athletic training program director was for the purpose of creating and implementing an accredited undergraduate athletic training accredited program. However, several of the program directors were unprepared for the resistance to change, lacked proper communication skills, and were unfamiliar with the change agent role amongst the midst of their present institutional culture and stakeholders. Dr. Aaron, Dr. Anthony, and Dr. Alan guided their program with vision, leadership, and early collaborative efforts. Dr. Allison was supported by her clinical staff and overcame early institutional barriers with a supportive staff guiding each other. Dr. Ashley developed a stronger passion with an educational research focus after

support from the institution and Dwayne for further departmental improvement and collaborative efforts. Dr. Alice overcame early institutional and cultural barriers at Midwestern State. Maurice assisted Dr. Alice in preparing the clinical staff for the planned change and the need to collaborate for a successful transition of educational reform. Dr. Arthur and Mark struggled collaborating their efforts, attitudes, and support in their accredited athletic training program.

Therefore, the successes of these resistive planned change schools were directed by strong collaborative efforts of the undergraduate program director, the head athletic trainer, and sometimes the approved clinical instructor and clinical coordinator. Without this collaborative effort, each accredited institution would continue to struggle with the long-term implementation and future success of the educational reform directives.

Academics versus Athletics Conflict

A higher frequency of conflict between academics and athletics was present in four of the seven institutions. Conflict is defined as consistent challenging issues involving athletic training students, clinical athletic trainers, and athletic training educational program directors. Specific shared conflict situations were prioritization of student-athlete health-care needs, athletic training student clinical experiences, defined CAAHEP regulations of direct supervision/travel issues, newly defined roles of clinical athletic training staff, lack of communication between educational and clinical athletic training staffs, defined roles of leadership, and lack of collaborative effort and support between academics and athletic stakeholders.

North Eastern State University and Midwestern State University faced major issues in the athletic and academic conflict. North Eastern developed conflicts due to the professional role changes of the head athletic trainer, newly hired clinical staff athletic trainers, and lack of additional full time staffing. Professional conflict developed with a perceived lack of communication and flexibility between educational and clinical programs. Midwestern State University presented conflict due to changes in professional cultures, ideologies, roles, and duties.

The clinical athletic trainers at the Division I institutions were conditioned to devote a substantial amount of professional effort, priority, and energy toward the evaluation, treatment, and rehabilitation of the student-athlete. The student-athlete's health and physical welfare was at the forefront of most of their daily decision-making situations. The response to change conflict developed during the pursuit of attaining a critical balance between the athletic trainer's clinical involvement in the CAAHEP educational program and their professional conflict of maintaining the daily health-care needs of the student-athlete. The challenge was defined in creating a proper acceptable balance as a servant leader in athletics and the educational issues created by the accreditation process. The clinical athletic trainers were hired by intercollegiate athletic programs and are highly experienced in overseeing the daily health-care needs of the student-athletes. The stakeholders were being directed by their national organization and local institutions to create a new professional identity for educational and clinical preparation of the athletic training student. The professional conflict between the

institutional directives on education and intercollegiate athletic coverage is being increasingly challenged.

This conflict, change, and assumptions will be difficult to change in the short term. The profession of athletic training has been defined by the hands-on daily procedures of servant leadership within the intercollegiate athletic and clinical domains. The response of CAAHEP and the NATA to overcome this mentality and ideology will take time for the change to be accepted in this clinical to educational athletic training environment. A professional shift in attitudes, philosophies, and clinical roles in the accredited educational institutions, are major long term changes for the profession of athletic training. This shift in mental models will need a change agent, planning, vision, and time to create a new avenue of thinking. The CAAHEP accreditation process did not plan to assist with this half-century philosophy and change process of creating a new mental model for athletic trainers to balance educational responsibility, athletic welfare, and daily healthcare needs. The conflict between academics and athletics will not be resolved until a proper balance is sought and created within the profession of athletic training. The conflict will continue until the educational and clinical staffs develop a collaborative leadership and a consistent, supportive vision among all of its institutional stakeholders.

I think long term, the educational stuff is going to—we are going to be better as a result of that. If we don't kill off the other side of it and that's the part—you know to find that balance is what I think is so important. And I think the people that are making the athletic—or the educational reform changes need to be open to the ones that are on the athletic side of it too. It's not like you can just switch over overnight and deal with educational reform. It's much more than that. (Marco)

Dwayne shares the thoughts conveyed by several of the interviewed stakeholders regarding the professional change and educational reform issues.

You know I think overall right now they feel like change that has happened is for the better, for the betterment of the athletic training profession. I think that maybe there are people out there that don't like the change. They feel like we are headed in too much of a direction that takes away from the true meaning of athletic training. (Dwayne)

“Athletic trainers as a subgroup, are called on not only to teach but also to perform their job in the athletic department” (Staurowsky, 1998, p. 247). The future direction of the National Athletic Trainers' Association is undergraduate athletic training student education. The athletic trainer must continue to pursue a professional image of a clinician, administrator, counselor, educator, facilitator, advisor, para-medical technician, researcher, and adaptive innovator (Anderson & Hall, 1995; Arnheim & Prentice, 2000). However, the national organization must continue an awareness of these planned change efforts and the need to guide the local and national stakeholders through this additional professional philosophical task. Freesemann (2000) and Proctor (2000) expressed the athletic trainer's professional direction by detailing the newly required duties, defining a balance of time combined with teaching, clinical student supervision, institutional service, and responsibilities to student-athletes within the department of athletics.

Undergraduate Athletic Training Program Director versus Head Athletic Trainer

The head athletic trainer and undergraduate program director should work together as a team in creating an established trust and empowerment in the clinical and academic environments (Freesemann, 2000). The institutions that created a high degree of collaboration, unity, and communication among the head

athletic trainer and the undergraduate program director reported the least amount of resistance during the accreditation process. South Western State, North Western State, South Eastern State, and Southern State reported early trust and empowerment in the clinical and educational environments. Northern State and Midwestern State created a working and trusting relationship over time with periodic change resistance processes. North Eastern State, though reporting to work collaboratively among the two environments, continued to reveal potential resistive change barriers through discussions and dialogue.

Conflict, resistance, and lack of consistency were expressed by the head athletic trainers in regards to the educational reform policies at three institutions. “Head athletic trainers are often torn by competing constituency-determined roles demanding their professional attention. Moreover, each setting is unique in that student-athletes, student athletic trainers, specific coaching staffs, team physicians, other co-workers, and many groups native to that setting define an individuals commitment” (Winterstein, 1998, p. 55). Winterstein’s theory on commitment is being redefined with the National Athletic Trainers’ Association educational reform policies. The educational reform issues position the head athletic trainers in a sometimes uncharted stance of sharing decision-making and leadership roles with the undergraduate athletic training program director. All interviewed head athletic trainers and undergraduate athletic training program directors expressed the need for continued communication, support, and leadership within their respective institutions.

All institutions are defined by a unique culture of commitment, academics, athletics, and leadership positions. A higher frequency of conflict developed between head athletic trainers and undergraduate program directors in programs not balanced in program mission, vision, ownership, and leadership positions. Two of the seven institutions experienced the athletic and academic conflict resolution consistently throughout the accreditation process.

The Profession of Athletic Training

Dr. Anthony's statement on the future of athletic training education is stated from an athletic training educator's point of view. However, his direct approach is positive, realistic, and a reality for the professional future of athletic training.

Do I think that moving in the direction that we have, in terms of requiring students to be graduates of CAAHEP programs has been good for the profession? I think it has been critical for the profession. For a couple of reasons, if—now think about it, if we would have continued along the path that we were, what reason would there had been to even have accredited programs? What is the extra value in having accreditation—why would an institution choose to have an accredited program under those circumstances. You don't need to. You could be in the athletic training education business without being accredited with no problem and no prejudice at all. I think that the accreditation system is going to be in dire turmoil if we didn't make it universal for everybody. I also think that we have entry level practitioners that are unbelievably more prepared now than they were ten years ago. And I think ten years from now we are going to be able to say that they are even better. They are more consistently prepared. I think that they have a lot more knowledge than they used to coming out. I think they have a better self-knowledge on what they do well and what they don't do well because they are evaluated a lot more carefully than they used to be. I think that there is a better, but not perfect—there is still lots of room for improvement here, but there is a better understanding on the part of college administrators, including athletic directors, but also athletic administrators of what the role of an athletic training student and athletic training education program is. The students are not laborers. They are not substitutes for certified professional staff. That's imperfect. I don't mean to imply that we've reached a perfect state of affairs. But we've moved it in the right direction. You know all of that I think has been very, very positive. (Dr. Anthony)

The preparation of undergraduate athletic training educators was a topic voiced by four of the undergraduate athletic training program directors. Dr. Alice reflected on the concerns of improving the education and experiences of the future educators of the undergraduate athletic training programs.

There are people who are not prepared to be program directors serving in those roles. They want to be teachers and they are good teachers, but being a program director is more than being a good teacher. I sure would love to see more education in our doctoral program. And I think a big piece of that is we typically tend to learn a lot through experience. And for that reason, I think it is a huge mistake for most people to come straight out of a doctoral program and into a program director role. Because if they haven't learned and had enough opportunity to see how change happens, how to plan for that change and instead of flying by the seat of their pants and in many cases I think that's one of the big sources of friction between a program director and between clinical staff. (Dr. Alice)

Site visitation issues were critical issues voiced by the undergraduate program directors and head athletic trainers at five of the seven accredited institutions. Issues were directed at the inconsistent guidelines of evaluation by the local site visitation team, lack of consistency on the interpretation and implementation of the CAAHEP guidelines, lack of institutional cultural awareness, and too prescriptive recommendations per site.

Dr. Anthony focused on the inconsistencies of the site visitation team and how possible corrections are being implemented from stakeholder feedback and evaluation systems.

We have had inconsistencies in how site visitors, for instance, have interpreted the standards and that has caused concern on the part of the institutions and on the part of athletic training, educators at those institutions. And so that has been a problem. I think that JRC is doing a good job of trying to correct that and trying to remedy it. They are trying to have easily understood standards, standards that are more transparently interpreted and they are trying to train site visitors to understand the

standards better and they have extra layers of evaluation that go beyond the site visit, which I think is really important. To try to bring perspective and to try to filter those initial site visit comments, I think that is a very helpful thing. (Dr. Anthony)

Maurice, the head athletic trainer at a Division I institution, shares his thoughts regarding the value of creating a proper perspective and consistent lens for the site visitation team. Three accredited athletic training institutions expressed concerns in preparing the site visitors with cultural awareness and understanding of the various levels of intercollegiate athletic and educational athletic training programs. The site visitation issues were directed at preconceived mental models prior to the arrival of site visitation involving institutional resources, leadership, educational opportunities, and clinical experiences.

You look at who is on some of these committees. You look at who is making some of these decisions. There are not people from major Division I institutions. I mean there are people from that either arguably have the time and I think that was the biggest thing. It's like you need some people from some big time, major Division I schools, not because we are big time schools, but because some of the things that you are talking about, you don't have the—it appears that you don't have the perspective and understanding of our culture of what we are doing. (Maurice)

Dr. Arthur's recommendation regarding the site visitation and consistent standardization of the evaluation team relates to the incorporation of a rubric. The development of a rubric type evaluation device would improve the standardization among site visitors nationally.

We might work on establishing a rubric that really defines this is what this means and there is no string in it, this is it. You know I see that with different site visitors that I've gone with, how they interpret things and it's all differently and I don't agree with that. I think if we are going to have these strict accreditation standards, we should all understand them and there's only one interpretation and we live by it. (Dr. Arthur)

The lack of communication within the National Athletic Trainers' Association, JRC, NATABOC, CAAHEP, and local institutions were strongly voiced concerns for the future direction of the profession. The athletic training stakeholders voiced resistance to the planned change process due a perception of lack of ownership and communication. Communication is a two-way avenue for any long-term organizational success. Concerns and resistance to change were directed on the lack of institutional preparation for change on the stakeholder's professional lives. The communication systems instituted by the NATA were assumed to be valid and available to all of the stakeholders.

Dwayne's reaction to the lack of communication is supported by four of the accredited institutions. Dwayne's major premise was directed at the development and lack of ownership in the NATA's decision-making process as compared to the lack of communication that was perceived by the stakeholders within their local institutions.

I think now that everybody sees the changes that have occurred, they agree. I think if you asked any other head athletic trainer right now, they understand. You know what, for a—because we talked a lot about this, he understands but yeah, you are right, overall because you know what, I think he's just frustrated personally because no one asked him. And I mean that's where I was. It was just... damn it, here is what you've got to do. And I think well everybody went phew, thanks for asking. And I think if there is one thing that I would encourage whoever it might be at regionally, nationally, locally, is that get input from the people before making the decisions. (Dwayne)

The National Athletic Trainers' Association has voiced consistent concerns over the CAAHEP accreditation process. All seven institutions have voiced concerns of the future preparation of the athletic training student and the

accreditation process. Voices expressed were from undergraduate program directors, head athletic trainers, and approved clinical instructors.

You know I think it would be interesting to see in the future just what we do as a profession with this change. We've made it, it's happened, now the program is going to phase out. What's going to happen? You know what are we going to do? Are the numbers going to go down? Are we just going to get the blanket stamp out and start stamping programs? Okay, you've met the accreditation standards, received that accreditation... are we going to become like a law school and say well you know what, you are going to have to be competitive to be able to—you are going to have to keep graduation in? Just as incentive. The NCAA just did. The graduation—you keep graduation rates up here, If you are not going to keep passing kids, I'm not going to keep putting the stamp of approval on it. (Dwayne)

Recommended Suggestions by the Participants

The athletic training stakeholders presented their recommended suggestions for the profession of athletic training and the CAAHEP accredited planned change programs. Based on the most significant reported change responses, the following suggestions are recommended

1. Develop an improved and consistent site visitation accreditation team.

The stakeholders recommended that site visitors continue to remain open, consistent in interpretation, and focus on improving their understanding of the local institutional culture.

2. Continue to be aware of the significant number of CAAHEP accredited athletic training programs. Recommendations are the development of an institutional rating scale involving specified criteria. Criteria could include NATABOC athletic training student certification rates, graduation rates, job placements, customer satisfaction scales, and employer rating

scales. Comparative criteria scales developed would rank state institutions and compare averages/scores on a national level.

3. Continue to plan for the increased number of athletic training students and employment settings necessary for the graduates. Long term vision of future employment locations, traditional and non-traditional settings. Improved educational and clinical experiences specifically preparing athletic training students for employment in non-traditional settings.
4. Improve the profession of athletic training with continued research on athletic training student education, athletic training curriculum development, athletic training proficiencies and competencies, academic student outcomes, outcome-based learning, and future planning and need for the depth and diversity of professional knowledge.
5. Improved communication within national organization, national committees, and stakeholders. Offer educational and clinical stakeholders an opportunity for ownership and feedback in a variety of communication forms. Stakeholder perceptions reported that changes were implemented with too great a frequency in a short period without adequate feedback and communication on the rationale of the change.
6. Continue to secure credentialing or licensure for the profession of athletic training throughout the nation and state structures. Continued research of third-party reimbursement strategies.
7. Focus on the need and awareness to maintain a proper institutional balance between intercollegiate athletics and educational reform.

8. Improvement of the athletic training profession in terms of gathering national respect, improved professional financial salaries, improved institutional support, and an increase of institutional full time staff positions.
9. Improved communication, collaboration, and vision between the NATA, NATA Education Council, JRC-AT, Board of Certification, and various national committees. Improve the gathering and attainment of feedback and development of ownership from the athletic training stakeholders.

CHAPTER SEVEN

RECOMMENDATIONS AND CONCLUSION

Recommendations and Future Research

Based on the findings, results, and conclusions from this study, the following implications were drawn and recommendations are made for further athletic training educational review:

1. Athletic trainers are involved in change situations multiple times throughout their daily educational and clinical environments. Change is an individual and complex situation. The National Athletic Trainers' Association failed to plan for the local institutional stakeholder's response to the CAAHEP planned change educational reform directive. The initiative of accreditation was directed towards undergraduate athletic training student education with an indirect response on the stakeholders at the institutional level. Even though adequate time was allotted to plan and implement the planned change process and communication involving the stakeholders' newly defined roles and definitions (supervision, first-responder, travel) was shared, the local stakeholders involved in the accreditation process responded with a loss of ownership, loss of voice, resistance to change, and frustration in the NATA's planning strategy.

The CAAHEP and institution's planning strategies involved communication and implementation of the educational reform changes. However, it wasn't until the accreditation standards were formally

implemented that reality and a secondary resistance to change was experienced by the stakeholders.

The planning for change and an initial response varied considerably between the institutional undergraduate athletic training program directors and the clinical athletic trainers. This response and support was due to the fact that the undergraduate program director had been bestowed with ownership in the planning and implementation of the planned change process. The head athletic trainer and the clinical athletic training staff responded, at times, with loss of ownership and empowerment, fear of the unknown, and transition in job duties.

Therefore, the planning for future change should focus on dialogue, professional focus groups, planning for change strategies, institutional preparation, and communication about the initial change response prior to the implemented planned change. Coping skills should be offered to stakeholders in preparing for this educational transition and professional role restructuring.

2. It is recommended that athletic trainers would strongly benefit from a mental models workshop among local institutional stakeholders. Many of the stakeholders, though aware of their response to change and professional coping skills, would achieve an improved group transition by learning, sharing, and understanding the mental models of change, planning, and human reaction of other local stakeholders. These unconscious assumptions create personal effective outcomes and standards affecting the stakeholder's decision-making concepts or resistance to change strategies. Therefore, in

creating an opportunity for stakeholders to share and learn of one another's mental models, an improved communication system and collaborative group will be created in overcoming future planning and change responses. This proactive planning would allow a smoother transition in change policies, change resistance, conflict resolution, improved dialogue, and awareness of a continual diverse environment.

3. The training of a local institutional change agent is highly recommended due to implementation of educational reform and constantly changing standards. This individual would be available to assist local stakeholders with strategies for current and future change situations. The change agent would be knowledgeable of the local culture, the stakeholder groups, and the vision of the athletic training program. The change agent will assist in creating the awareness for change, evaluate and develop alternatives for the change process, and stabilize the planned change initiative. It was noted during the interviews that each stakeholder would communicate with other stakeholders or family members during a time of conflict. The change agent would be aware of the present culture, tensions, and resistance within an organization prior to group conflict situations. The training of a change agent would offer local stakeholders struggling with a change order to pursue assistance from a local stakeholder whom is familiar with the current situation and culture.
4. Develop strategies with the local stakeholders on the creation of coping strategies for change and resistance to change issues. Many of the stakeholders interviewed had developed personal strategies to cope with

change on personal levels, but not on the professional level. Conflict resolution and planning would assist the local institutions in improving daily resistive and communicative issues.

5. Develop a tool for future evaluation and research directed at the stakeholder's response and possible resistance to change. The development of focus groups and periodic structured interviews could be effective in planning for future change policies. Focus on improved dialogue within local institutions on planned change decisions.
6. Continue to improve the head athletic trainers and undergraduate athletic training program directors organizational, management, and program planning skills. Due to the influx of undergraduate program directors and non-education doctoral degrees, preparation for improvement in organizational and management type skills would be effective in planning educational undergraduate athletic training programs and creating long term success.
7. Allow adequate time for accreditation implementation and planning of change, in resolving the conflict between intercollegiate athletic programs and academics. Prepare change agents and seminars in acknowledging the transition and conflicts.
8. Continue pursuit for an active, trusting, and respectful collaboration between undergraduate athletic training program director and head athletic trainer.
9. Maintain an understanding, knowledge, and respect for the local institutional, educational, and intercollegiate culture. This acknowledgment

of local and national culture is important in assisting with the understanding and acceptance of the planned change directives.

10. Plan and strategize educational seminars to improve and educate stakeholders on individual leadership capabilities. National leadership sessions could assist with the preparation of local institutional leaders and group development skills. Plan to hire outside consultants to observe, evaluate, and recommend strategies for leadership skill development according to the local culture.
11. Improve the communication systems and processes of the local and national organization. Develop a tool to evaluate the effectiveness of the communication systems.
12. Develop a tool to evaluate the indirect response to change on the athletic training students. Program planning for the athletic training students to share ideas, coping skills, and strategies to overcome resistance could be monitored. Focus groups, mid-term and end-of-term evaluations should probe for indirect responses to change processes.
13. Develop a longitudinal study to evaluate effectiveness and interpersonal stakeholder response to planned change educational CAAHEP directives. Evaluate institutional stakeholders for response to change, resistance to change, and communication systems. Create a formative and summative evaluation component identifying the effectiveness of each aspect of the program planning system and the impact on organizational function and

structure. This evaluation will allow continual awareness and individual self-evaluation opportunities.

Conclusion

Change within the profession of athletic training will continue to be a common occurrence on the national and local institutional levels. Planning for change and preparation in assisting other stakeholders during this potentially conflicting and resistive time is valuable. The focus of this study on planned change was directed at the twenty-one stakeholders' perceptions on the national organization's lack of preparation and planning for the planned change educational reform at the institutional levels. In response to the professional changes and influx of employment venues, the NATA implemented higher educational accreditation standards to meet the demands of these newly attractive employment settings and health-care communities. The voiced concerns of the stakeholders were not directed at the educational accreditation recommendations of improved educational standards. The response to change at the institutional level was reported at the perceived lack of ownership, voice, and preparation instituted for the responses to change on their professional environments and lives.

The National Athletic Trainers' Association's mandate for accredited educational programs within higher education by 2004 had resulted in fear, concern, approval, resistance, support, reluctance, and encouragement among members, leaders, stakeholders, and institutions (Magnus, 1998; Ryan, 2002; Starkey, 2002). The interviews of the twenty-one stakeholders at seven

educational institutions had supported the literature in the reporting of perceptions involving resistance, support, reluctance, concerns, satisfaction, and fear.

The thought of change forced the stakeholders to envision concerns and hopes regarding new policy guidelines, increased full-time staff personnel, work demands, educational reform requirements, time management skills, and accountability from its membership and higher educational academic settings (Magnus, 1998; Peer & Rakich, 2000). The literature was supported through the interviews in reporting concerns of new policy standards, accountability issues pertaining to athletic training students, and increased work demands.

The purpose of this study was to pursue questions and answers experienced by individuals engaged in the process of planning and change. An open and honest dialogue within an institution's historical culture of athletic training program change was encouraged as it addressed issues of change, planning, leadership, communication, and collegiality.

Change is facilitated when it is communicated fully to the stakeholders, allows the stakeholders an active voice in the decision making process, responses to change are acknowledged, and commitment to and support from top management occur. The change literature supports that a greater frequency of success is achieved if a significant amount of stakeholders are involved in the planning process. Continued support and greater stakeholder commitment are achieved with an improved involvement in decision making. Change theorists support the significant issues of disseminating information to the stakeholders, encouraging new understandings, and the reeducation of the planned change initiatives and

processes. The task of acknowledging conflict and resistance is essential in creating effective change dynamics and individual relationships.

Lewin's theory on successful change was reviewed. "Three elements of successful change must involve the unfreezing, initiating/changing, or refreezing theory" (Lewin, 1951). The initial phase in this planned change process must apply sufficient force to reduce inner resistance, thus striving to maintain the planned change as status quo. Any involved change group must assess the status quo by evaluating the current planned change situation within both the internal and external environments surrounding the structure. The external environments in the planned change process involved national membership, national leadership, intercollegiate athletic programs, accreditation programs, traditional and non-traditional athletic training stakeholders, and outside educational reform policy stakeholders. The internal environments for the CAAHEP planned change involved the local institutional athletic medical stakeholders, intercollegiate student-athletes, local institutional higher educational leaders, department of intercollegiate athletic administrators, local institutional athletic training educational and clinical stakeholders, and local institutional athletic training students.

Higher education and athletic training institutions across the country individually reviewed the rationale and necessity to pursue CAAHEP undergraduate athletic training accreditation. The NATA processed all the current standardization procedures and maintained open communication systems with the membership regarding educational curricular changes. The need for

standardization and improvement of the undergraduate athletic training student educational development was the major emphasis of the planned change. The secondary need perceived for the support of educational reform and accreditation was directed at the individual institutional need for continued consistent and quality daily student-athlete health-care. The seven researched institutions pursued the planned change process with internal communication, curricular adaptations, clinical preparations, educational leadership, program planning, and the redefining of stakeholder's clinical role responsibilities.

The second stage of initiating change involved the preferred change system moving toward a new state of equilibrium. Once the moving stage was reached, the system is considered to be adapting to a new level of behavior and an actual change has occurred. Once this change process has occurred, a new refreezing level is enforced to maintain the status of the newly created change process. Therefore, once each institution gathered and gained institutional support for the pursuit of CAAHEP undergraduate athletic training accreditation, Lewin's second stage was initiated and implemented for a successful attainment of accreditation. Each institution encountered responses to change and resistive forces through unique cultural and individual perspectives. The local institutions were forced to develop resistance to change strategies and gathered stakeholder support throughout the implementation process of the accreditation standards.

The third stage resulted in a new stabilized and integrated change force, therefore refreezing the process into a new level of behavior or change status. This stage was reported as each institution planned, pursued, and gained

stakeholder support and CAAHEP undergraduate athletic training accreditation. Continued awareness and implemented procedures involving educational standards, stakeholder issues, and program planning processes guided this refreezing stage into a successful, integrated change status.

The planned change directive of educational reform for the athletic training profession and student was a major organizational planned change. The long term success of a planned change directive involves a high, consistent level of planning, organization, communication, leadership, collaboration, and vision. The need to develop an open dialogue and voice from within local institutional stakeholder allows a deeper understanding prior to future individual resistive forces on change.

I conclude this study by reiterating that the inside perspective of planned change initiatives present a much different perspective from the outside. The ability to recognize and listen to the stakeholders affected by change offers an opportunity for successful planned change issues. Pomrenke (1979) reported that the “underlying assumption is that organizations are changed when values, attitudes, and individual competencies are changed; change the person, therefore, change the structure” (p. 36). The opportunity to study the inside response to change allowed a deeper, unique, and reasonable perspective of change from the affected stakeholders view. As supported by Larson’s (1997) study on organizational change,

we may see that organizational requests which seem reasonable from the outside, are not reasonable for those inside the organization. An inside view is likely to increase our understanding of what people are responding to and why they respond as they do. Because we get close to the members

of the organization when we go inside, we realize that their responses are reflective of how they think *now*. Their perceptions and responses will likely change as they, their departments...grow and evolve over time (p. 229).

Appendix A

**Initial Undergraduate Athletic Training
Educational Program Director Letter**

May 5, 2004

Dear Undergraduate Program Director:

I am conducting a study on **planned change** as part of my Doctoral requirements at Michigan State University. This study will investigate the CAAHEP accreditation educational athletic training standards involving the implementation procedures and acceptance of this change at your institution. This study will involve the personal side of a change process as viewed "inside" by the certified members of the NATA. An in-depth interpretive analysis within selected CAAHEP athletic training accredited and candidacy programs will examine communication processes, leadership styles, and professional assumptions involving change.

I would appreciate your valuable support and voluntary agreement to assist in my study of planned change. I am searching for CAAHEP athletic training institutions that will allow individual participatory interviews and audio-taping involving three staff members. The three staff members include the (1) undergraduate educational program director, (2) head athletic trainer, **and** (3) one athletic training clinical instructor. I will be selecting **seven** CAAHEP athletic training programs for my study. Interviews and data collection will begin 05/23/04 and continue through 07/23/04.

Your response to this email of a **"yes"** or **"no"** is an indication of you and your staff's voluntary agreement to participate in the study. I look forward to your response by Friday, May 14. If you and your institution's athletic training staff agree and are randomly selected for participation, I will contact you within the next ten days in order to set up a date and time to conduct interview sessions. Interviews will involve approximately one to one and one-half hours of time commitment.

Your participation is voluntary. **The qualitative interview process will not identify any particular program or individual. Confidentiality will be assured for you and your full-time athletic training staff. Your privacy will be protected to the maximum extent allowable by law.**

Please feel free to contact me at 517-432-1015 or mackowil1@ath.msu.edu for further questions or concerns. If you have questions or concerns regarding your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact – anonymously, if you wish – Peter Vasilenko, Ph.D., Chair of the University Committee on Research Involving Human Subjects (UCRIHS) by phone: (517) 355-2180, fax: (517) 432-4503, e-mail: ucrihs@msu.edu, or regular mail: 202 Olds Hall, East Lansing, MI 48824. Thank you again for your interest and assistance in this national organizational time of change.

Sincerely,

Thomas J. Mackowiak, ATC

Appendix B
Follow-up Letter

May 12, 2004

Dear Undergraduate Program Director:

Seven days ago you were e-mailed a letter regarding your interest in voluntary participation involving the NATA change and educational CAAHEP accreditation processes at your institution. To date, I have not received your response.

At this time, I again would like to request your assistance in responding to this request. **To ensure a greater validity and representation of selected programs, your response is truly needed.** Your response to this email of a “yes” or “no” is an indication of you and your staff’s voluntary agreement to participate or not participate in the study. If you are interested as a possible participant in this qualitative interview study, please respond through email on or before May 19, 2004. Your participation is greatly appreciated.

This study will involve the personal side of a change process as viewed “inside” by the certified members of the NATA. An in-depth interpretive and audio taped analysis within selected CAAHEP athletic training accredited and candidacy programs will examine communication processes, leadership styles, and professional assumptions involving change. Interviews and data collection will begin 05/23/04 and conclude 07/23/04.

I would appreciate your valuable support and voluntary agreement to assist in my study of planned change. I am searching for CAAHEP athletic training institutions that will allow individual participatory, probing interviews involving the institution’s (1) undergraduate educational athletic training program director, (2) head athletic trainer, **and** (3) one athletic training clinical instructor on staff. I will be selecting **seven** CAAHEP athletic training programs for my study.

Your participation is voluntary. **The qualitative interview process will not identify any particular program or individual. Confidentiality will be assured for you and your full-time athletic training staff. Your privacy will be protected to the maximum extent allowable by law.**

Please feel free to contact me at 517-432-1015 or mackowil1@ath.msu.edu for further questions or concerns. If you have questions or concerns regarding your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact – anonymously, if you wish – Peter Vasilenko, Ph.D., Chair of the University Committee on Research Involving Human Subjects (UCRIHS) by phone: (517) 355-2180, fax: (517) 432-4503, e-mail: ucrihs@msu.edu, or regular mail: 202 Olds Hall, East Lansing, MI 48824. Thank you again for your interest and assistance in this national organizational time of change.

Sincerely,
Thomas J. Mackowiak, ATC

Appendix C

Transcript Review:
Member Check Letter

June 1, 2004

Dear Undergraduate Program Director:

Thank you for allowing me to interview you for my dissertation. Your time and experiences are valued. You will find an attachment of a copy of the transcript of our interview. As discussed, your confidentiality will be protected. Your name and institution will not appear in the transcript or be used in the data presentation. Individual characteristics or responses will be altered to minimize the chance of inferred identity. As stated previously, your privacy will be protected to the maximum extent allowable by the law. Therefore, your individual names or institution will not be connected with this study.

Please review the attached conversation and strike any responses you feel will compromise your confidentiality. Also, due to clarity and volume of the audio tape, please check the transcripts for accuracy of words, phrases, and thoughts that we had discussed. If you find improper words or phrases, please make the changes to accurately reflect your meanings.

Your participation is voluntary. You may choose to not participate, remove certain responses, or discontinue participation in the study without penalty. If I do not receive you the attached transcript by June 15, I will assume that you voluntarily agree to participate in the study and that no changes need to be made.

Once again, thank you for your time, participation, and openness in my research project. You may contact me at 517-432-1015 or mackowi1@ath.msu.edu if you have any questions. If you have any questions or concerns regarding your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact – anonymously, if you wish – Peter Vasilenko, Ph.D., Chair of the University Committee on Research Involving Human Subjects (UCRIHS) by phone: (517) 355-2180, fax: (517) 432-4503, e-mail: ucrihs@msu.edu, or regular mail: 202 Olds Hall, East Lansing, MI 48824.

Sincerely,

Thomas J. Mackowiak, ATC

Appendix D

Informed Consent Forms
CAAHEP Interview Process

INFORMED CONSENT FORM

Statement of Consent Form

Interview Session

An Evaluation of Planned Change: Accredited Undergraduate Athletic Training Educational Programs

Thomas J. Mackowiak, Michigan State University Athletic Trainer, has requested your voluntary participation in a research study involving your institution. The title of the research is called "An Evaluation of Planned Change: Accredited Undergraduate Athletic Training Educational Programs."

You have been informed that the purpose of the research is to evaluate planned change mechanisms and strategies regarding the Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited educational reform policies at your institution. This planned change was instituted at your institution in accordance to CAAHEP accredited undergraduate athletic training educational policies. The purpose of this study is to develop a deeper understanding of the role of planned change on your professional career and to gain further insight into the implementation of the accredited process. This study will attempt to assist future planned change initiatives and assist the National Athletic Trainers' Association (NATA) with understanding the strengths and weaknesses of the planned change process. Furthermore, this study is designed to allow a voice to the membership in sharing their thoughts on the CAAHEP planned change process and how it has affected their professional endeavors at their specific institutions.

Your participation will involve your selection to participate in one or two tape-recorded interview sessions. These interviews will last approximately 1 to 1 ½ hours in length. The tape-recording may be discontinued at your request during the interview process. Interviews will focus on professional career choices and reflective sharing of the planned change process at your institution. Interview discussions and reflective comments will be transcribed, coded, and interpreted according to planned change themes.

You will be informed that the results of the research study may be published but that your name, identity, or institution will not be revealed. In order to maintain confidentiality of your records, Thomas J. Mackowiak, will not associate the subject with any documented specific responses or findings. The specific institution's setting, intercollegiate conference, or geographical location will not be discussed or inferred within the study. Your privacy will be protected to the maximum extent allowable by law. All research information will continue to be maintained in a secured and locked file cabinet in an office in the Breslin Student

Events Center Athletic Training Room. All recorded interviews, reflections, and cassette tapes will be maintained in this locked file cabinet. All cassette tapes will be destroyed at the completion of the study. All research information will be securely stored following transcription and approval of the dissertation.

There are no foreseeable risks or discomforts. Your identity will not be revealed. It will be assumed that you are a certified athletic trainer employed at a CAAHEP accredited undergraduate athletic training educational or candidacy program by your completion of the interview instrument. The benefits will allow the personal and professional growth and future direction in planned change directives within the NATA, Inc. organization.

You have been informed that you will not be compensated for your participation. If you decide to participate, you are free to withdraw at any time from the study. If you decide to withdraw from the study prior to its completion, your audiotapes and transcriptions will be destroyed.

You have been informed that any questions you have concerning the research study or participation in this project, before and after your consent, will be answered by Thomas J. Mackowiak, Michigan State University Certified Athletic Trainer, 517-432-1015, or mackowil@msu.edu or his dissertation advisor, Dr. John Haubenstricker, Department of Kinesiology, IM Circle, Michigan State University, (517) 355-4741. If you have any questions or concerns regarding your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact – anonymously, if you wish – Peter Vasilenko, Ph.D., Chair of the University Committee on Research Involving Human Subjects (UCRIHS) by phone: (517) 355-2180, fax: (517) 432-4503, e-mail: ucrihs@msu.edu, or regular mail: 202 Olds Hall, East Lansing, MI 48824.

You have read or have had read to you the above information and agree to participate in the proposed study. The nature, demands, risks, and benefits of the project have been explained to you. You knowingly assume the risks involved. You may choose to withdraw your consent and discontinue participation at any time without penalty or loss of benefits to yourself. In signing this consent form, you are not waiving any legal claim, rights, or remedies. Your signature below indicates your voluntary agreement to participate in this study. A copy of this consent form will be given to you.

Subject's Signature: _____ Date: _____

I certify that I have explained to the above individual the nature of and purpose, the potential benefits, and possible risks associated with participation in this research study, have answered questions that have been raised, and have witnessed the above signature.

These elements of informed consent conform to the Assurance given by Michigan State University to the University Committee of Research Involving Human Subjects (UCRIHS).

I have provided the subject a copy of this signed consent document.

Signature of Investigator: _____ Date: _____

Appendix E

Planned Change Interview

CAAHEP Accredited Undergraduate Athletic Training Educational Programs

Planned Change Interview of CAAHEP Accredited Undergraduate Educational Athletic Training Program

INTERVIEW

Thank you for taking the time to share valuable information with me today. I am currently a doctoral student in the Department of Kinesiology at Michigan State University. My dissertation is focusing on the planned change process of the CAAHEP accredited undergraduate educational athletic training program at your institution. Specifically, I am concerned with your understanding of and involvement in change and how this process was implemented at your institution.

Please review the consent form and sign if you acknowledge your consent to participate in this study.

All the interview information that I am collecting will be presented in a confidential and anonymous manner. All individuals and institutions will be assigned fictitious names that will not allow any type of identification of individuals or institutions. I need to ask if you are comfortable and will give your consent for me to tape record this conversation for further research? I will also be taking notes during our interview to direct my sequence of questioning. Please feel free to shut off the tape recorder at anytime during our interview session.

This interview will last from 45 minutes to one and one-half hours. Prior to our start, are there any questions you have for me regarding the process or the study?

Background information

1. Could you briefly tell me about yourself and your past professional experiences. Why did you become an athletic trainer?
(*Probe* for daily employment, past experiences, develop rapport)
2. What are your general thoughts regarding the CAAHEP accreditation process at your institution and nationally? Can you share an example with me?
(*probe* for current issues, planned change issues, long term issues)

Professional assumptions and mental models about change

3. What is your definition or concept of the term change? (*probe* for initial feelings with change and where do they believe these concepts developed)
4. Could you describe an activity in your personal or professional live that you would consider a change? Can you share an example with me? (*probe* for beliefs, assumptions, or reactions on change).

5. One final question on change: what assumptions would other athletic trainers or staff members have about engaging in change? Can you give me an example? (*probe* for resistance to change, issues, coping)

Planning designs within the accredited CAAHEP athletic training undergraduate educational program

6. Please discuss the planning and implementation strategies of the CAAHEP accredited program at your institution. Can you share an example with me? (*probe* for planning styles, change of work roles, participation)
7. Tell me about your involvement with the CAAHEP process at your institution. (*probe* for past experiences if they are new to current institution, ownership)

Communication involving the planned change efforts within CAAHEP accredited athletic training institutions

8. Tell me about the communication and how you received information about the planning efforts for **your** institution's CAAHEP accreditation process? (*probe* for organizational guidance, preparedness for change)
9. Tell me about your clinical and educational staff's communication efforts throughout the year? Can you give me an example? (*probe* for styles, how often, voice in communication)

Institutional athletic training leadership

10. How would you define the traits or characteristics of a leader? Can you give me an example of leadership traits of an athletic trainer? (*probe* for differences or similarities)
11. Tell me about the leadership at your institution. Who would you consider a leader in your athletic training department? Why? Can you share an example with me? (*probe* for characteristics, relationships)

Evaluation procedures within CAAHEP accredited athletic training program

12. How do you evaluate the CAAHEP accreditation process at your institution? (*probe* for evaluation tools, informal and formal assessments, how often, who assesses information, observation, communication)

Conclusion

13. Do you have any further information or questions that you would like to share before we are completed?

Thank you for your valuable time. If you have any further questions or concerns, please feel free to call me at 517-432-1015 or email at mackowil@msu.edu. If I have further questions, is it possible to contact you? Is it okay to forward to you the transcribed copy of our interview for your final review and comments? Once again, thank you.

Appendix F
Human Subjects (UCRIHS) Approved
Consent Application

MICHIGAN STATE
UNIVERSITY

February 12, 2004

TO: John HAUBENSTRICKER
213 IM Sports Circle
MSU

RE: IRB# 03-923 CATEGORY: EXPEDITED 2-6, 2-7

APPROVAL DATE: February 12, 2004

EXPIRATION DATE January 12, 2005

TITLE: AN EVALUATION OF PLANNED CHANGE: ACCREDITED ATHLETIC
TRAINING EDUCATIONAL PROGRAMS

The University Committee on Research Involving Human Subjects' (UCRIHS) review of this project is complete and I am pleased to advise that the rights and welfare of the human subjects appear to be adequately protected and methods to obtain informed consent are appropriate. Therefore, the **UCRIHS approved this project.**

RENEWALS: UCRIHS approval is valid until the expiration date listed above. Projects continuing beyond this date must be renewed with the renewal form. A maximum of four such expedited renewals are possible. Investigators wishing to continue a project beyond that time need to submit a 5-year application for a complete review.

REVISIONS: UCRIHS must review any changes in procedures involving human subjects, prior to initiation of the change. If this is done at the time of renewal, please include a revision form with the renewal. To revise an approved protocol at any other time during the year, send your written request with an attached revision cover sheet to the UCRIHS Chair, requesting revised approval and referencing the project's IRB# and title. Include in your request a description of the change and any revised instruments, consent forms or advertisements that are applicable.

PROBLEMS/CHANGES: Should either of the following arise during the course of the work, notify UCRIHS promptly: 1) problems (unexpected side effects, complaints, etc.) involving human subjects or 2) changes in the research environment or new information indicating greater risk to the human subjects than existed when the protocol was previously reviewed and approved.

If we can be of further assistance, please contact us at (517) 355-2180 or via email: UCRIHS@msu.edu. Please note that all UCRIHS forms are located on the web: <http://www.humanresearch.msu.edu>

Sincerely,



Peter Vasilenko, Ph.D.
UCRIHS Chair

PV: jm

cc: Thomas Mackowiak
Breslin Student Events Cntr
Athletic Training Room, Rm #48



OFFICE OF
**RESEARCH
ETHICS AND
STANDARDS**

University Committee on
Research Involving
Human Subjects

Michigan State University
202 Olds Hall
East Lansing, MI
48824

517/355-2180
FAX: 517/432-4503

Web: www.msu.edu/user/ucrihs
E-Mail: ucrihs@msu.edu

The Michigan State University
IDEA is institutional Diversity:
Excellence in Action.

MSU is an affirmative-action,
equal-opportunity institution.

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