

Comprehensive Program Review Report



Program Review - Sports Medicine

Program Summary

2021-2022

Prepared by: Dennis Goebel

What are the strengths of your area?: 1. The Sports Medicine Staff implemented the Resocialization to Athletics Plan to insure that our student athlete were safe to return to practice(s) and competition(s) in accordance with the California Community College Athletic Trainer's Association (CCCATA). The COVID-19 Work Group from California Community College Athletic Association (CCCCAA) updated protocols, which the Sports Medicine Staff carried out to ensure the safety of student athletes.

2. The Sports Medicine Program accepted its first graduate student from the University of Idaho (Masters Entry Level Program in Athletic Training). This student will be working with all fall sports but will spend a majority of their time working football.

3. The Sports Medicine Program continues to update the medical protocols for COVID as recommended by the National Collegiate Athletic Association (NCAA), Centers of Disease Control and Prevention (CDC), California Community College Athletic Association (CCCCAA) and the county of Tulare. Other update concerning concussions, environmental conditions heat conditions and air quality from the CCAA (bylaws of the CCAA), will implemented for the safety of our student athletes.

4. This year seven students from the Sports Medicine Program transferred to four-year colleges/universities. Two of the student received an AS degree in Sports Medicine while the others received an AA degree in Kinesiology. All student complied courses required (General Education Pattern) for transferability to Fresno State University and Fullerton State University.

5. After reviewing the data located under College of the Sequoias Program Review Dashboard, the following improvements were indicated:

a) Success Rates for the Sports Medicine Department improved 1.6% from 81.7% in 2019-20 to 83.3% FOR 2020-21. This increase may have occurred because the instructor took additional training (Canvas) and was able to change to content of the courses to meet the needs of the students in this learning environment.

b) Full-Time Equivalent Faculty (FTEF) had a very slight improvement over last year's program review increasing from 1.95 to 1.99 a 0.04% increase.

What improvements are needed?: 1. After reviewing the data located under College of the Sequoias Program Review Dashboard, the following data needs to be addressed:

a) Full-Time Equivalent Students (FTES)/Full-Time Equivalent Faculty (FTEF) Ratio for the Sports medicine Department has decreased the last two program reviews 2018-19 the ratio was 16.62%, 2019-2020 it was 13.21% and this year its 11.64%. This is a decrease of 4.98% over the past three program reviews. There are two main reasons for this decrease. 1. The National Athletic Trainers Association (NATA) changed their requirements for certification from a bachelor's degree to Entry Level Master's Degree in Athletic Training. This eliminated the direct pathway for certification. Now students must send an extra 1-2 years before they can sit for the certification exam. May student are not willing to do this, so they change their major from Sports Medicine to Kinesiology. This has affected enrollment in the Sports Medicine Program, which leads to the decrease in FTES/FTEF ratio. 2. COVID has also had an impact on enrollment within the Sports Medicine Program. Courses went from a face-to-face format to a Zoom/Canvas format. Students were limited from a "hands on" practical aspect. With the limited exposer student were not as interested, thus the decrease in numbers with in the program.

2. Full-Time Equivalent Students (FTES) also decreased over the past three program review cycles. The reasons for this decrease were addressed in the above question 1a.

3. An ongoing request to have the Sports Medicine budget augmented in order to provide Equipment Calibration, Concussion Evaluation/Management/Treatment, and Electronic Medical Recording System for the health care of student athletes required by Federal Drug Administration (FDA), California Community College Athletic Association (CCCAA) and Health Insurance Portability and Accountability Act (HIPAA).

A) Equipment repair/calibration (Therapeutic Modalities - Ultrasound, EGS, Lasers, Etc.) per industry standards - \$1500.00
Required by the FDA's 21 CFR Parts 11 and 820, Quality System Regulation (QSR) and ISO 13485.

Calibration of a device is carried out to minimize the uncertainty in measurements. It helps in reducing the errors and brings the measurement to an acceptable level. With repeated use and over a period of time, all equipment tends to degrade and that affects its accuracy and precision. In the medical device industry, a drift in the measurement is unacceptable. Regular maintenance and service are needed for an instrument to work accurately and at its optimum. For medical device manufacturers as well as health professionals, the health and safety of patients remain their top priority. Therefore, the precision and accuracy of a device is of utmost importance. To safeguard the interest of the users and to ensure that public health and safety isn't compromised, the medical device industry is regulated by strict standards, including FDA's 21 CFR Parts 11 and 820, Quality System Regulation (QSR) and ISO 13485.

B) Concussion evaluation/management/treatment - ImPACT Program - \$1000.00
Required by California Community College Athletic Association - By Law 9.6.1 - Concussion Management

ImPACT, an FDA cleared medical device, is used by healthcare, educational, and sports organizations to help assess and manage concussions. Baseline and Post Injury Testing Baseline testing is a pre-season exam conducted by a trained health care professional. Baseline tests are used to assess an athlete's balance and brain function (including learning and memory skills, ability to pay attention or concentrate, and how quickly he or she thinks and solve problems), as well as for the presence of any concussion symptoms. Results from baseline tests (or pre-injury tests) can be used and compared to a similar exam conducted by a health care professional during the season if an athlete has a suspected concussion. Baseline testing generally takes place during the pre-season—ideally prior to the first practice. Baseline testing should include a check for concussion symptoms, as well as balance and cognitive (such as concentration and memory) assessments. Computerized or paper-pencil neuropsychological tests may be included as a piece of an overall baseline test to assess an athlete's concentration, memory, and reaction time. During the baseline pre-season test, health care professionals should also assess for a prior history of concussion (including symptoms experienced and length of recovery from the injury). It is also important to record other medical conditions that could impact recovery after concussion, such as a history of migraines, depression, mood disorders, or anxiety, as well as learning disabilities and Attention Deficit/Hyperactivity Disorder. Baseline testing also provides an important opportunity to educate athletes and others about concussion and return to school and play protocols. Until athletes successfully pass all aspects of the ImPact test, they are not sent back to the doctor, which is a cost savings to the District.

C) Electronic Medical Recording System per industry standards - Athletic Trainer System (ATS) - \$1000.00

The Sports Medicine program needs to update its Electric Health Record system to stay in compliance with Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Right and Privacy Act (FERPA). This program would require a This program would include Pre-Participation Physicals, Medical History of the Student-Athlete, Treatment Records, Injury Assessment Evaluations/Reports and all medical forms for athletic participation, which may be required.

Describe any external opportunities or challenges.: COVID 19 affected the opportunity to recruit students for the Sports Medicine Program. There are two primary methods of recruitment: Face to face with COS student in Sports Medicine and/or Kinesiology courses. The second method is an open house to high school student in Sports Medicine programs and/or pathways programs. With the COVID restrictions, it was not possible to meet face to face with either group, which had a great impact on the number of student entering the Sports Medicine Program.

Overall SLO Achievement: All SLO's for each Sports Medicine class were met SLO data is located in the general documents general under 2021-2022 SLO's Sports Medicine Program.

Changes Based on SLO Achievement: No changes in the courses SLO's were indicated. All courses met the goal of 70% or higher for each SLO. SLO data is located in the general documents under 2021-2022 SLO's Sports Medicine Program.

Overall PLO Achievement: COVID 19 caused the Sports Medicine Program courses to go on line in March 2020; students and instructors were not prepared for the technology and time to complete the work. This change had an impact on the programs PLO's. For the first time in the history of the program, the percentage of 85% was not met. The program did achieve a

percentage of 81% with the COVID setbacks. This 4% drop in PLO's were due to the fact that the two courses SMED 40 (Introduction to Sports Injuries) and SMED 60 (Concepts in Health and Fitness) were not allowed to have the face to face lab component for the classes. These two courses are the building blocks for the Sports Medicine Program. Without a strong foundation, the students will struggle with the academic requirements of the program.

This year's data shows an increase of 2% PLO's (All Courses) compared to the last program review. This increase occurred because the instructor took additional training (Canvas) and was able to change to content of the courses to meet the needs of the students in this learning environment. The SMED 40 course had an increase of 15.4% success while SMED 60 had a drop of 13.1%. Taking a closer look at the data, the total number of student taking the course (fall 2020, 12 students and spring 2021, 9 students) had a major impact on the results. It is also important to point out that these two courses are open to the general student and many do not enter the Sports Medicine Program. Students quickly become aware of the academic requirements of the program and the major and offend change their educational pathway. The data also reveals the student who continue with the Sports Medicine Program all SLO's / PLO's meet the 85% goal and some are in the 90th percent tile.

Changes Based on PLO Achievement: No changes in the PLO's were indicated. Please refer to Overall PLO Achievement for data and interpretation.

Outcome cycle evaluation: Sports Medicine program courses are evaluated each semester in order to meet industry standards for employment and transfer requirements. The Sports Medicine Program is committed to assessing each semester in order to ensure that students are learning the most current techniques as well as utilizing strategies that lead to student success. There is effective participation with other Certified Athletic Trainers with the courses assessments. Program assessment is completed in cooperation with the Sports Medicine Advisory Committee.

Action: 2020-2021: 2019-2020 Student Athlete Safety

An on going request to have the Sports Medicine budget augmented in order to provide Equipment Calibration, Concussion Evaluation/Management/Treatment, and Electronic Medical Recording System for the health care of student athletes required by Federal Drug Administration (FDA), California Community College Athletic Association (CCCCA) and Health Insurance Portability and Accountability Act (HIPAA).

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Implementation Timeline: 2019 - 2020, 2020 - 2021

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Identify related course/program outcomes: Sports Medicine - Program Learning Outcome #3

Person(s) Responsible (Name and Position): Dennis Goebel

Rationale (With supporting data): Equipment calibration (Therapeutic Modalities - Ultrasound, EGS, Lasers, Etc.) per industry standards - \$1500.00

Required by the FDA's 21 CFR Parts 11 and 820, Quality System Regulation (QSR) and ISO 13485.

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affects its accuracy and precision. In the medical device industry, a drift in the measurement is unacceptable. Regular maintenance and service are needed for an instrument to work accurately and at its optimum.

For medical device manufacturers, the health and safety of patients remain their top priority. Therefore, the precision and accuracy of a device is of utmost importance. To safeguard the interest of the users and to ensure that public health and safety

isn't compromised, the medical device industry is regulated by strict standards, including FDA's 21 CFR Parts 11 and 820, Quality System Regulation (QSR) and ISO 13485.

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Baseline testing is a pre-season exam conducted by a trained health care professional. Baseline tests are used to assess an athlete's balance and brain function (including learning and memory skills, ability to pay attention or concentrate, and how quickly he or she thinks and solve problems), as well as for the presence of any concussion symptoms. Results from baseline tests (or pre-injury tests) can be used and compared to a similar exam conducted by a health care professional during the season if an athlete has a suspected concussion.

Baseline testing generally takes place during the pre-season—ideally prior to the first practice.

Baseline testing should include a check for concussion symptoms, as well as balance and cognitive (such as concentration and memory) assessments. Computerized or paper-pencil neuropsychological tests may be included as a piece of an overall baseline test to assess an athlete's concentration, memory, and reaction time.

During the baseline pre-season test, health care professionals should also assess for a prior history of concussion (including symptoms experienced and length of recovery from the injury). It is also important to record other medical conditions that could impact recovery after concussion, such as a history of migraines, depression, mood disorders, or anxiety, as well as learning disabilities and Attention Deficit/Hyperactivity Disorder.

Baseline testing also provides an important opportunity to educate athletes and others about concussion and return to school and play protocols.

C) Electronic Medical Recording System per industry standards - Athletic Trainer System (ATS) - \$1000.00

The Sports Medicine program needs to update its Electric Health Record system to stay in compliance with Health Insurance

Portability and Accountability Act (HIPAA) and Family Educational Right and Privacy Act (FERPA). This program would require

a This program would include Pre-Participation Physicals, Medical History of the Student-Athlete, Treatment Records, Injury

Assessment Evaluations/Reports and all medical forms for athletic participation, which may be required.

Priority: High

Safety Issue: Yes

External Mandate: Yes

Safety/Mandate Explanation: Required by the FDA's 21 CFR Parts 11 and 820, Quality System Regulation (QSR) and ISO 13485.

Required by California Community College Athletic Association - By Law 9.6.1 - Concussion Management

Compliant with Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Right and Privacy Act (FERPA)

Update on Action

Updates

Update Year: 2021-2022

09/07/2021

Status: Continue Action Next Year

Due to COVID the Sports Medicine budget was not increase the \$000.00 per the request.

Impact on District Objectives/Unit Outcomes (Not Required):

Update Year: 2020 - 2021

09/11/2020

Status: Continue Action Next Year

Due to COVID 19 - no budgets were increased at COS.

Impact on District Objectives/Unit Outcomes (Not Required):

Resources Description

Adjustment to Base Budget - An ongoing request to have the Sports Medicine budget augmented in order to provide

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Equipment Calibration, Concussion Evaluation/Management/Treatment, and Electronic Medical Recording System for the health care of student athletes required by Federal Drug Administration (FDA), California Community College Athletic Association (CCCCAA) and Health Insurance Portability and Accountability Act (HIPAA). (Active)

Why is this resource required for this action?: Equipment calibration (Therapeutic Modalities - Ultrasound, EGS, Lasers, Etc.) per industry standards - \$1500.00

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Notes (optional):

Cost of Request (Nothing will be funded over the amount listed.): 3500

Link Actions to District Objectives

District Objectives: 2018-2021

District Objective 2.4 - By 2021, Increase the percentage of CTE students who achieve their employment objectives by 5 percentage points

District Objective 3.1 - By 2021, increase the placement rates into transfer-level English and transfer-level math for targeted groups that fall below the District Average.

District Objective 4.1 - Increase the use of data for decision-making at the District and department/unit level

District Objective 4.2 - Improve organizational effectiveness by strengthening operations of and communication between District departments, divisions, and constituents

District Objective 4.3 - College of the Sequoias Board of Trustees, administration, faculty, and staff will engage in best practices and staff development to sustain effective operational systems for institutional assessment and continuous improvement.

Action: 2021-2022 Replacement of Full-Time Faculty Position

Hire a Full-Time Faculty Sports Medicine person.

Leave Blank:

Implementation Timeline: 2021 - 2022

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Identify related course/program outcomes: This person will be responsible for SLO's and PLO's as they relate to the Sports Medicine Program.

Person(s) Responsible (Name and Position): Brent Davis - Dean of Physical Education and Athletics

Rationale (With supporting data):

Priority: High

Safety Issue: Yes

External Mandate: No

Safety/Mandate Explanation: The health, wellbeing and safety of student athletes.

Resources Description

Personnel - Faculty - Replacement position - full-time faculty position - Sports Medicine (Active)

Why is this resource required for this action?: Retirement of current faculty person.

Notes (optional):

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Cost of Request (Nothing will be funded over the amount listed.):