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Current Admission Requirements for Professional Postbaccalaureate Athletic Training Programs

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Context: New Commission on Accreditation of Athletic Training Education accreditation standards were implemented in summer 2020 and will require the entry-level degree in athletic training to be at the postbaccalaureate level in fall 2022. Many institutions have already transitioned their respective degree level or are seeking initial accreditation for a postbaccalaureate program. An exploration into admission requirements across those programs was conducted. **Objective:** The purpose of this study was to describe the current admission requirements of professional postbaccalaureate programs during the 2019–2020 application cycle. **Design:** Cross-sectional, online survey. **Setting:** Higher education institutions with accredited professional athletic training programs at the postbaccalaureate level. **Patient or Other Participants:** Program directors (n = 71) from 223 institutions representing both public (59.15%, n = 42) and private institutions (40.85%, n = 29). **Data Collection and Analysis:** Survey was piloted to establish content validity, then distributed with a consent form via email to participants. Descriptive statistics were performed using SPSS (version 27; IBM Corp) to summarize the demographic and admission requirements for the 2019–2020 application cycle. **Results:** Among respondents, 78.87% (n = 56) reported an accreditation status of active, 4.22% (n = 3) as degree change pending, and 9.86% (n = 7) were seeking initial accreditation. Regionally, 31.25% of programs in District IV, 25.81% of programs in District IX, 43.33% of programs in District II, and 16.67% of programs in District V responded to the survey, representing the 4 districts with the largest number of professional programs. Less than one-third of program directors (32.4%, n = 23) indicated having an admissions counselor dedicated to the program. Of those who provided data on application processes (n = 63), the majority (68.3%, n = 43) of respondents reporting using ATCAS as an application portal. A minimum 3.0 GPA was the most common academic requirement (69.8%, n = 44), and 5.0% of respondents (n = 3) identified the minimum overall grade point average (GPA) requirement for admission was greater than a 3.0. Over half (57.4%, n = 36) of respondents require a minimum prerequisite GPA for program admission. A total of 63 respondents (74.1%) provided data on standardized testing, recommendation letters, observation hours, and interview requirements for admission. The GRE was required for admission by 22.2% (n = 14) of respondents. Completion of 50 observation hours was the most common expectation (41.3%, n = 26) for program admission, and 28.6% of respondents (n = 18) identified that the program required 0 observation hours by the applicant. Only 12.7% of respondents (n = 8) required 100 or more observation hours as an admissions requirement. Nearly all respondents (93.6%, n = 58) required at least 1 letter of recommendation as part of the application, and 69.8% (n = 44) conducted interviews in the admissions process. **Conclusions:** A majority of programs required application submission via ATCAS; however, less than one-third of programs had a dedicated admissions counselor. Among professional athletic training programs at the postbaccalaureate level, common academic requirements for admission included a 3.0 GPA and a minimum prerequisite GPA. However, less than 25% of programs required the GRE for admission. If requiring observation hours, 50 hours was the most common expectation, but 28.6% did not require any observations to apply to the postbaccalaureate program. **Key Words:** Admissions, athletic training education, master's degree.

Summary of 2020 Enrollment Data Across Postbaccalaureate Athletic Training Programs

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Context: Beginning fall 2022, Commission on Accreditation of Athletic Training Education accreditation standards will require that the entry-level degree in athletic training be at the postbaccalaureate level. An investigation of enrollment trends across professional programs at the postbaccalaureate level was conducted, given that many institutions are amid transition to the master's degree level or starting new postbaccalaureate programs in athletic training. **Objective:** The purpose of this study was to describe the current status of applicant numbers and enrollment yields at postbaccalaureate program during the 2019–2020 application cycle. **Design:** Cross-sectional, online survey. **Setting:** Higher education institutions with professional athletic training programs at the postbaccalaureate level. **Patients or Other Participants:** Program directors (n = 71) from 223 institutions representing both public (59.15%, n = 42) and private institutions (40.85%, n = 29). **Data Collection and Analysis:** The survey was piloted to establish content validity and was then distributed electronically with a consent form to all qualified program directors (n = 223). Descriptive statistics were performed using SPSS (version 27; IBM Corp) to summarize the demographic, application, and enrollment data reported by program directors for the 2019–2020 application cycle. **Results:** The

survey's 38.12% response rate (n = 85) from 223 institutions yielded 71 (31.84%) program directors who were able to report data from the 2019–2020 application cycle. Program directors (n = 62) reported a mean 18.71 ± 7.05 available admissions slots and a mean 17.98 ± 11.95 applications received. More than half of respondents, 54.8% (n = 33), indicated there were fewer applicants than total number of available seats in the cohort. The composition of applicant pools was reported by program directors (n = 61). The mean percentage of applicants who had completed a bachelor's degree at another institution was 60.2% ± 30.5%. The mean number of denied applicants was 2.53 ± 4.04. The overall program enrollment among responding postbaccalaureate programs (n = 60) for 2020 was 16.05 ± 9.86 students. The mean class size for the 2020–2021 admits among programs that successfully enrolled students (n = 59) was 9.31 ± 5.51. Among the respondents who provided data on enrollment goals (n = 63) for the 2019–2020 application cycle, 79.4% (n = 50) indicated that the program had not met its enrollment goal for the academic year. Among respondents who provided data on both 2020 admits and enrollment goals (n = 61), the mean difference between available admission slots and first-year students who enrolled in the program was 9.44 ± 6.53, with 49.2% of program directors (n = 30) reporting that the cohort was underenrolled by 10 or more students. **Conclusions:** The mean number of applications received during the 2019–2020 cycle by postbaccalaureate athletic training programs was less than the mean enrollment goal. The majority of the program applicants were external to the institution. Nearly 80% of respondents reported not meeting the institution's enrollment goal for the 2020–2021 academic year, and the overall mean admitted class size was under 10 students. **Key Words:** Enrollment, athletic training education, master's degree.

Using the Unfolding Case Study to Improve Clinical Reasoning

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Context: When authentic clinical experiences are unavailable, instructors may need to consider alternatives for evaluating clinical reasoning. **Objective:** Describe an educational technique that simulates clinical experiences to allow students to demonstrate clinical reasoning. **Background:** The COVID-19 pandemic created a situation in which providing clinical experiences became impossible. Yet, students still needed to exercise clinical judgment as part of their athletic training education program. The unfolding case study technique aligns well with Kolb's theory of experiential learning and can be used to help students improve clinical reasoning and critical thinking skills. **Description:** An unfolding case study was used to simulate a clinical experience for students when clinical sites became unavailable to students due to COVID-19. The technique involved using a case study over time in which the student received information, evaluated the information, made a clinical decision in response to the information, and received further information and feedback based on their decision. This repeated until the student reached the conclusion of the case. **Clinical Advantages:** Students found this assignment to be beneficial because it allowed them to practice clinical reasoning and critical thinking in a realistic yet low-risk environment. Students were able to learn new skills in documentation and billing for services. The assignment allowed for critical feedback to be given to the students at multiple points.

The Socialization and Development of Coordinator of Clinical Education in Athletic Training

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Context: Coordinators of clinical education (CCEs) play an important role in clinical education, yet they often receive little to no formal training in the role. The Commission on Accreditation of Athletic Training Education (CAATE) Standards outline basic roles of the CCE; however, institutional autonomy dictates that the role may be more nuanced than the Standards outline. The experiences of the CCE and preparation for their role is unknown; therefore, the purpose of this study was to explore the professional socialization of CCEs into their roles. **Methods:** A total of 36 CCEs with a minimum of 1-year experience as a CCE (31 women, 5 men; 5.2 ± 4.7 years of experience as CCE) participated in this qualitative study. Data saturation guided the number of participants. Participants were recruited via purposive sampling. Seven focus group interviews were completed following a semistructured interview guide developed on the basis of previous socialization research. There were 5–8 CCEs in each focus group. Interviews were recorded and transcribed verbatim. Data were analyzed through consensual qualitative review, with data coded for common themes and subthemes. Trustworthiness was established via peer review and multianalyst triangulation. **Results:** Two themes emerged from the data: role and socialization. *Role* was described as the responsibilities, collaboration, and challenges of the CCE. Participants described many responsibilities including complete oversight of students within clinical education, preceptor development, evaluation and assessment of clinical skills, clinical placements, and administrative duties such as documentation and maintaining accreditation. The CCEs described the importance of collaboration, both internally and externally. Internal collaboration included primarily communication with the program director and other health care faculty, whereas external collaboration included other health care providers, CCEs, and alumni. The CCEs faced challenges tied to their role such as time management, conflict management, and navigating institutional policies. *Socialization* was defined as preparation necessary for the role, integration into the role, resources and development needed to be successful. Some CCEs described their preparation before taking the role including coursework, assistantships, and working clinically. However, most did not feel prepared to take on all aspects of the role as CCE. CCEs described a variety of ways in which they were integrated into their role. This included meeting with the program director, reviewing the job description and Standards, and trial and error. During the socialization process, they identified many needs including a specific job description with an outline of functions, a flowchart or timeline for tasks, professional development on the new standards, and institutional policies, procedures. Last, they described a variety of resources such as the CAATE accrediation conference and Athletic Training Educator Conference, the CAATE Standards, and published research to provide guidance. Areas in which CCEs felt they needed additional development included training on legal aspects of contracts and mentoring specific to university policy. **Conclusions:** Overall, participants felt prepared for some aspects of their roles (eg, assigning students to clinical sites), but less prepared for other aspects (eg, affiliation agreements, conflict

management, time management). Additional professional development is necessary to make CCEs more successful.

Athletic Training Student Application of Health Information Technology Based on Role During Patient Encounters: A Report from the AATE Research Network

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Context: Health information technology (HIT) is quintessential to contemporary athletic training practice. The tool most associated with HIT is the electronic medical/health record (EMR/EHR). Previous research has demonstrated that athletic training students' (ATS') role during patient encounters (PEs) affects their report of how often they are able to implement HIT. However, it is still unclear to what extent ATS' role affects the inclusion of HIT behaviors during individual PEs. **Objective:** To assess how student role influences ATS' integration of HIT behaviors during PEs throughout their clinical experiences. **Design:** Multisite, panel design. **Setting:** Convenience sample of 12 Commission on Accreditation of Athletic Training Education–accredited professional athletic training programs (5 baccalaureate, 7 postbaccalaureate). **Patients or Other Participants:** A total of 329 ATSs at 278 clinical sites entered 30 630 PEs during clinical experiences. **Data Collection and Analysis:** After formal training, ATS used E*Value software to track PEs during clinical experiences for 3 semesters (spring 2018–spring 2019). Student role (observed, assisted, performed) was collected per PE. During each PE, students were asked to report whether either of 2 behaviors (or none) associated with HIT occurred. The behaviors associated with HIT (documenting information obtained in an EMR/EHR, use of data from EMR/HER to assist in decision-making, and none of the above) were each analyzed to determine differences by student role using generalized estimated equations with a logit link to accommodate the multiple reported PEs within participants and a Bonferroni post hoc correction ($P < .05$). **Results:** Among the 30 630 PEs logged, ATS observed 3669 PEs, assisted in 5053 PEs, and performed 21 801 PEs (107 missing). A significant main effect was observed for both HIT behaviors and the answer *none of the above*. When asked about documenting the PE in an EMR/EHR ($P < .001$), students who observed the encounter were more likely to document in an EMR/EHR (mean = 0.77) that those that assisted in (mean = 0.71; 95% CI = 0.01, 0.12, $P = .010$) and those who performed (mean = 0.67; 95% CI = 0.04, 0.16, $P < .001$) the PE. When asked about using information from an EMR/EHR to assist in clinical decision-making ($P = .003$), students who performed the PE were more likely to report this behavior (mean = 0.96) than those who observed the PE (mean = 0.92; 95% CI = 0.01, 0.07, $P = .004$). Finally, for PEs in which *none of the above* was reported ($P = .001$), students who performed the PE (mean = 0.34) were more likely to select *none of the above* for HIT than were those who observed (mean = 0.25; 95% CI 0.03, 0.16, $P = .001$), and those who assisted with (mean = 0.32) were also more likely to select *none of the above* than were those who observed (95% CI = 0.02, 0.12, $P = .006$). **Conclusions:** Students who observed a PE were more likely to document the encounter in an EMR/EHR, whereas ATSs who performed a PE were more likely to use information from the EMR/EHR to assist in decision-making. These findings suggest that although students were learning to document in an EMR/EHR while they observed PEs, the habitual practice of patient care documentation was not being translated as students shifted toward performing PEs. Further research is needed to explore the factors that influence students' decisions to document in and use information from EMRs/EHRs during patient care. **Key Words:** Electronic medical records, patient encounters, core competencies, health care informatics.

Athletic Training Educators' Perceptions of and Experiences with Unlearning

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Context: The inclusion of evidence-based practice (EBP) principles within athletic training programs is required by the Commission on Accreditation of Athletic Training Education. However, an important skill that drives EBP, unlearning, often receives little to no attention. Unlike deskilling (ie, decline of skill proficiency over time, often due to lack of use), unlearning is an intentional act of removing knowledge and skills that are no longer effective to implement techniques better supported by evidence. Educators play an important role in ensuring students have the decision-making capability to implement unlearning as their careers progress. **Objective:** To explore athletic training educators' familiarity with and perceptions of unlearning. **Design:** Cross-sectional. **Setting:** Online survey with open-ended questions. **Patients or Other Participants:** A total of 679 of 6925 athletic trainers accessed the survey, with 640 completing it in full (94% completion rate). Of those who accessed the survey, 189 identified as an educator and were included in the analysis (age = 42.7 ± 9.7 years; years of experience as an educator = 12.6 ± 9.0). **Data Collection and Analysis:** We distributed a survey composed of 10 demographic variables, 1 quantitative item assessing participants' familiarity with unlearning, and 5 open-ended questions via Qualtrics. Participants' responses regarding the meaning of *unlearning* were coded as correct or incorrect on the basis of an operational definition. Responses coded as an accurate understanding of unlearning were included in the succeeding analyses. Following the consensual qualitative research approach, 3 research team members developed a consensus codebook through the analysis of the first 30 open-ended responses. Two researchers confirmed the codebook by analyzing the next 30 responses. After analysis of all open-ended responses, our findings were verified by an external auditor. Summary statistics (counts, percentages) were calculated. **Results:** Of the educators, 74% (n = 130/175; missing = 14) self-reported being *minimally* to *not at all familiar* with unlearning. Of those who reported some level of familiarity (n = 115), 55% (n = 61/110; missing = 5) provided an accurate explanation of the concept. Analysis of open-ended responses revealed 2 themes: (1) barriers to unlearning and (2) facilitators for unlearning. Educators identified barriers that were personal in nature, such as lack of time, habitual practice, and keeping up with the evolving evidence base, as well as external factors, including pushback from stakeholders (eg, colleagues, students), Board of Certification exam, and technology access, which were typically out of their direct control. Suggested facilitators for unlearning largely involved formal continuing education opportunities and increased

access to different resources and evidence. Educators emphasized the importance of a team approach to unlearning, characterized by encouragement and discussions among colleagues, and support from administration to make necessary changes because the best available evidence adapts and evolves over time. **Conclusions:** Given the limited understanding of unlearning among athletic training educators, educational opportunities, either through formal continuing education or the production and dissemination of easily accessible and digestible resources, should be provided to improve educators' knowledge and abilities to perform and teach this skill. Integrating unlearning concepts in athletic training curricula may enhance students' abilities to incorporate evidence in clinical practice. **Key Words:** Evidence-based practice, lifelong learning, self-reflection.

Integrating Telehealth Simulation into Athletic Training Education

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Context: Clinical education is essential in helping students develop competency of athletic training skills and knowledge. However, with the challenges posed to traditional in-person simulation by the current pandemic, telehealth simulations have become a popular alternative to achieving learning objectives. Telehealth is rapidly gaining attention and use in athletic training to provide safe and effective patient care in spite of pandemic restrictions. In addition, telehealth can also be implemented to provide equitable health care access to rural or underserved populations, making telehealth an important tool for athletic trainers (AT) to implement into clinical practice well beyond the pandemic. **Objective:** To create an opportunity for students to apply athletic training clinical skills using telehealth through simulation-based experiences. **Background:** High-fidelity simulation uses scenarios to create a realistic and safe learning environment in which students can be observed by faculty, clinicians, and peers. Simulation also provides the opportunity for learners to experience low-frequency medical events that they may not see during their education. In addition, contemporary technology such as telehealth may be integrated into simulation to teach students the skills to connect with remote patients; telehealth is considered the use of electronic and telecommunication technology to provide health care from a distance. In response to the COVID-19 pandemic, telehealth has been identified as an important tool for health care providers. ATs are among the practitioners using technology to adapt to new health and safety guidelines to maintain patient care. **Description:** AT students participated in multiple telehealth simulations to perform a clinical examination for various injuries and illnesses. Telehealth simulations used simulated participants recruited from the university's theater department as well as the linguistics American Sign Language medical interpretation class to expose AT students to patients with different abilities and interprofessional teamwork. AT students integrated American Sign Language medical-interpretation students into the clinical evaluation to improve communication, safety, and equity. Telehealth simulations were coordinated by the university's simulation center and integrated a combination of a video platform (Zoom) and a simulator-based software (LLEAP; Laerdal). By combining these software platforms, anyone with Internet access could participate in telehealth-based simulations. Each simulation was followed by a debriefing session using the debriefing with good judgment model in which students discussed their reactions to the case, their overall successes and challenges, and their perceived "take away" lesson. AT students were also required to complete a reflection assignment on their clinical performance, the quality of their care, and lessons learned regarding health literacy, patient-centered care, and interprofessional teamwork with medical interpreters. **Clinical Advantage(s):** AT students learned valuable skills regarding the telehealth process, communication, and interprofessional teamwork. In addition, students broadened their understanding and skills providing health care for diverse patient populations and AT settings. **Conclusions:** Telehealth simulations are an effective and safe environment to practice clinical reasoning and athletic training skills with simulated participants. In addition, there is a clear need for AT students to be exposed to diverse patient populations to develop their cultural awareness and provide quality health care. **Key Words:** Telehealth, high-fidelity simulation, interprofessional teamwork.

Using High-Fidelity Simulation to Improve Interprofessional Collaboration and Communication of Prelicensure MSAT and BSN Students During the Initial Assessment of a Head-Injured Patient

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Context: A unique, interprofessional learning experience (IPE) between athletic training students and nursing students relative to care of a head-injured patient. **Objective:** The primary goal of this educational collaboration between athletic training and nursing is to further develop the skills of team work, communication, and problem-solving before actual clinical practice. The use of high-fidelity simulation enhances student success during clinical education, ensuring efficient and effective delivery of patient-care services through improved student interprofessional skills, ultimately enhancing patient care. Patients benefit from services provided by nursing and athletic training students secondary to development of important team skills. Finally, this experience can serve as a model for innovative IPE opportunities between nursing and athletic training programs. **Background:** Health care professionals have traditionally been educated in silos. Physicians, nurses, and other allied health professionals are educationally prepared according to their specific scope of practice. Current best practices in health care require collaboration with other disciplines to ensure coordination of care and positive patient outcomes. IPE offers an early exposure to this reality by allowing novice practitioners to enter their prospective profession fully prepared to negotiate the routine interactions among diverse providers. This high-fidelity simulation brings prelicensure nursing and athletic training students together to meet the growing need for interprofessional ready providers. **Description:** Students were paired into interdisciplinary teams of 2. Each team worked together to assess a high-fidelity patient simulator portraying a patient with a sports-related head injury. Students were expected to communicate assessment findings and collaborate on care referral during the simulation. Orientation, prebriefing, and debriefing session were completed in this student experience to ensure that the standards of best practice for simulation were met. Each treatment session was video recorded. A student evaluation to assess learning outcomes was completed through Qualtrics at the conclusion of the

project. **Clinical Advantage(s):** This project focused on teaching excellence and creative pedagogy. Faculty created a unique interprofessional, lab-based clinical experience for nursing and athletic training students. This project promoted the discovery, integration, and application of knowledge; was an innovative curricular development project; and promoted interprofessional involvement between the 2 disciplines. The educational experience contained clinical assessment skills housed in both professional programs as identified by their respective accreditor. Accreditation also requires planned interdisciplinary learning sessions. This experience was not originally housed in either program and expanded on the university's strategic initiative to incorporate IPE across the curriculum. **Conclusion(s):** This unique IPE experience used high-fidelity simulation to assess delivery of care by an interprofessional team of nursing and AT students. Students who develop teamwork and communication skills through interprofessional simulation understand the benefit of efficient and effective team care. Skills learned through this experience can transfer to interactions with other health care providers. **Key Words:** Interprofessional education (IPE), high-fidelity simulation, clinical education, pedagogy.

A Survey of SLOs Cited by Professional Master's Athletic Training Programs

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Context: Across the globe, higher education is feeling the pressure from stakeholders to be able to report student learning achievement. Whereas individualization in student learning outcomes has its benefits in educational programs, certain professions, such as health care, are promoting standardization of educational student learning outcomes as a means of ensuring public trust. The development of standardized and shareable tools of assessment is a trend in health care education but more limited in athletic training currently. To do this work in the future, it is important to first know which student learning outcomes (SLO) that athletic training programs are currently citing so tools can be developed that are most relevant to athletic training programs. **Objective:** The purpose of this study was to examine the type of student learning outcomes that professional masters athletic training programs are citing. **Design:** This as a cross-sectional survey design. **Setting:** All master's-level professional athletic training programs. **Patients or Other Participants:** Surveys were sent to program directors of all master's-level professional athletic training programs that were in good standing with the Commission on Accreditation of Athletic Training Education (121 programs at the time of data collection). Response rate was 29% (n = 35). **Data Collection and Analysis:** The author developed a list of typical health care and athletic training SLOs or describable professional qualities from the literature (29 different categories). The Qualtrics survey was emailed to program directors. The survey allowed program directors to share demographic information about their program and then to select the number of SLOs the program cites and select each category of SLO that the program cites (included a write-in option). Descriptive statistics were calculated to find the median number of SLOs that programs cite and to determine the most prevalent SLOs cited across programs. To ensure a representative sample, the Carnegie classifications profiles of the sample was compared with the larger population's using a nonparametric Kolmogorov-Smirnov test of independent samples. **Results:** Even with a small response rate, the sample's Carnegie classification profile was found to be representative of the larger population. The median number of SLOs that the participants reported in their assessment plans was 5. Programs reported a range between 3 and 11+ SLOs in their assessment plans. A breakdown on the number of citations for each SLO is shared in Figure 1. The 2 most frequently selected student learning outcomes were "Evidence-Based Practice, Research, or Information Literacy" and "Critical Thinking, Problem Solving, Decision-Making, Clinical Judgment, or Clinical Reasoning" (n = 29, 82.9% for each outcome). "BOC [Board of Certification] Preparedness" (n = 26, 74.3%), "Career Preparedness" (n = 22, 62.9%), and "Knowledge/Skills" (n = 20, 57.1%) round out the top 5 most prevalent SLOs. **Conclusion(s):** There is some commonality among programs in regard to the SLOs they are citing in their assessment plans. If organizations and research groups want to develop relevant and applicable assessment tools for athletic training programs, they should focus on these most frequently cited SLOs, especially evidence-based practice and critical thinking–related topics. **Key Words:** Assessment, student learning outcomes, athletic training.

The Relationship Between Psychosocial Factors and Student Success in Athletic Training Students

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Context: Many athletic training programs are failing to meet program outcome standards that are based on measures of student success, including retention and graduation rates, employment rates, and first-time and overall pass rates on the Board of Certification examination. Failure to meet these standards not only causes athletic training programs to lose accreditation, but also shows students their program may not adequately prepare them for a career in athletic training. Studies have shown that measures of student success are associated with psychosocial factors, such as motivation, self-efficacy, and identity. Therefore, by focusing on psychosocial factors, athletic training program faculty and preceptors may be able to increase student and program success. **Objective:** The purpose of this study was to determine whether measures of student success, including persistence, intent to leave or drop out, grade point average, and perceived academic performance could be predicted by self-efficacy, motivation (ie, amotivation, external regulation, introjected regulation, identified regulation, and intrinsic motivation), and identity. **Design:** Quantitative with a cross-sectional approach. **Setting:** Professional athletic training programs of all degree types and in all university settings. **Participants:** Participants included 167 National Athletic Trainers' Association (NATA) members who currently held a noncertified student membership for the 2020 calendar year. **Data Collection and Analysis:** Items from all scales were compiled using an electronic survey system and sent to the NATA using the Survey Request Form. Once accepted, the NATA sent the survey to 1000 members who met the participant qualifications. Reminder emails were sent 4 additional times over an 8-week period. Preliminary data analysis included an exploratory factor analysis and a reliability analysis. A multiple linear regression analysis was used as the main analysis. **Results:** Results showed persistence was positively predicted by self-efficacy (β

= .33, $t = 4.77$, $P < .001$) and 1 type of motivation, identified regulation ($\beta = .34$, $t = 4.86$, $P < .001$). Intent to leave was negatively predicted by self-efficacy ($\beta = -.19$, $t = -2.63$, $P = .009$). A positive predictor of grade point average was academic identity ($\beta = .30$, $t = 4.02$, $P < .001$). Perceived academic performance was positively predicted by another type of motivation, intrinsic motivation ($\beta = .30$, $t = 4.23$, $P < .001$). **Conclusions:** Athletic training program faculty and preceptors may be able to positively influence program and student success by increasing student self-efficacy and by ensuring students have high levels of identified and intrinsic motivation and a strong academic identity. By increasing measures of student success and program outcomes, programs will maintain their accreditation and show students that they can adequately prepare them for a future in athletic training. Future research is needed to identify the relationships between psychosocial factors and Board of Certification pass rates.
Key Words: Student success, program outcomes, psychosocial factors.