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Teaching Health Care Administration in Athletic Training: A Unique Approach

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Health care administration is a challenging topic to teach due to the inability for students to directly engage in many of the activities such as insurance billing, inventory, and ordering equipment and supplies. The objective of this article is to describe how a discussion-based meeting format can be used to engage students in health care administration. Athletic training is a profession requiring a vast array of hands-on psychomotor skills. Students who enroll in professional athletic training programs are often kinesthetic learners who are best suited for hands-on learning. Although many classes in athletic training curricula offer an opportunity for these learners, in general the content area of health care administration does not. This creates challenging circumstances for the athletic training educator. A discussion-based business meeting environment was created to engage students in health care administration content. Students were required to complete meeting briefings before discussions during 25 meetings. Students engaged in open discussions that sparked expression of insightful personal opinions. Furthermore, students shared their clinical experiences and discussed openly the challenges and opportunities facing the profession of athletic training. This format allowed the presentation of this information to be conducted in a more stimulating and engaging way, better coinciding with the learning style of the students. This pedagogical approach to teaching health care administration appears to be an effective way to deliver this important material to athletic training students. Challenges still exist in respect to evaluating student participation and finding comfort in this teaching style. Both anecdotal student feedback and objectives scores on the Student Instructional Report (SIR) II course evaluation report show this method has been successful in engaging students in a difficult subject matter and improving learning outcomes.

Key Words: Discussion, organization, groups

For the athletic training educator, the content area of health care administration as defined by the 5th edition of the *Athletic Training Education Competencies*[1] can prove to be quite challenging. Most content areas within the competencies are dynamic and engaging, frequently requiring the student to participate in hands-on learning. Health care administration, however, has no such component, with concepts such as budgeting, insurance, and facility design, among others. Therein lies the dilemma. How do we as educators deliver this important, yet sometimes dry, information to an audience geared toward hands-on learning? Furthermore, what pedagogical approach is most effective for this particular content? To date, no literature has been found that examines strategies for delivering health care administration content to undergraduate athletic training students. The purpose of this article is to explain our pedagogical approach to the administration content in order to effectively engage students in the learning process.

Students possess various learning styles including solitary, social, auditory, visual, and kinesthetic approaches.[2] Many students have elements of multiple learning styles.[2] As part of a profession that requires a vast array of hands-on skills, the students enrolled in professional athletic training programs tend to be heavily focused in the kinesthetic area.[3] For most classes such as orthopaedic evaluation, prophylactic taping and bracing, therapeutic modalities, and therapeutic exercise, this is an ideal fit. For health care administration, this is not. This dichotomy often leads to frustration on the part of both the student and the instructor. It has been demonstrated that learning styles do indeed shift, depending on the domain through which an individual is learning. Consequently, teaching strategies incorporated in one setting may not be equally effective in another setting. Each learning setting should, therefore, be treated separately in order to accommodate individual learning styles and maximize learning achievement.[4]

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With this dichotomy in mind, an approach was created that some would find atypical in an athletic training curriculum. Abandoning typical lecture and PowerPoint presentations, and with the inability to do hands-on demonstrations, a discussion-based lecture style was created where the student's participation and engagement in the material became the focal point of the course. To emphasize the theme of administration and management, traditional "class" was abandoned and a series of roundtable-style business meetings in which students were active and equal participants was created.

STUDENT PREPARATION

Our academic year consists of a trimester calendar system with three 10-week terms. This particular course meets for 90 minutes three times a week, totaling 30 class sessions (an introduction day, 25 business meetings, 2 exam periods, and 2 review periods) for the term. Students take this administration and management course in the spring trimester of their junior year. At this point they have had 5 different clinical experiences and have a solid amount of experience to add to the discussion. To prepare for each meeting, students were to complete a briefing. Each briefing was placed on Blackboard (Blackboard, Inc, Washington, DC) and numbered 1 to 25 to correspond with each meeting. Briefings consisted of a series of discussion points and questions the students were to answer prior to the meeting. The Appendix contains sample briefings. Students used their book, preceptors, and other available sources to gather the information. When the students arrived for each meeting, they turned in their briefings as participation points. The instructor reviewed each briefing for thoroughness and accuracy of response. Thorough, well-constructed responses were awarded a full 2 points. Briefings that were average in thoroughness and accuracy were awarded 1 point. If briefings were incomplete or not turned in at all, 0 points were awarded. All briefings were required to be typed, printed out, and turned in at the beginning of each meeting.

ROUNDTABLE DISCUSSION PROCESS

After turning in their briefings, students engaged in a roundtable discussion. Discussion questions for the day were placed on a screen for everyone to see (the Appendix contains sample discussion questions associated with each briefing). The first 5 to 7 minutes of the meeting were allotted for students to review the discussion questions for the day. Discussion questions were also placed on Blackboard in advance so students could view them prior to class if they wish. The instructor served as the discussion moderator and would start each meeting by reading the discussion objective, offering additional insight and asking follow-up questions to lead the discussion. The tone of the discussion was relaxed, and students were permitted to use personal computers or tablets to take notes and to look up resources to aid the discussion. A student responded to the objective questions by raising a hand and being acknowledged by the instructor. Interrupting another student, talking out of turn, and disrespectful comments were not tolerated. Such actions resulted in loss of participation points for that meeting. These "ground rules" of the discussion format were laid forth in the syllabus and explained the first day of class. Over the duration of the meeting students were awarded 2 participation points for a making a strong, intelligent contribution (speaking multiple times, making strong references to the topic), 1 point for an average contribution (speaking infrequently, not relating responses to the topic), and 0 points if they did not speak at all during the meeting. Scores were determined by the instructor and made available to students via Blackboard. With a combination of 2 points for a completed briefing and 2 points for a strong contribution, students could earn up to 4 participation points for each meeting. With 25 meetings, students could earn up to 100 points for participation, which constituted one-third of their grade for the course.

SUCCESSES

Overall, this particular pedagogical approach has been met with satisfaction from both students and me. The students were eager and willing to talk openly about their experience and how the discussion questions pertain to what they saw in their clinical assignments. Student responses on the SIR II course evaluation report indicate that learning increases significantly and the course organization is well suited for this material. I have found that eliminating the need to lecture about any specific topic and using an open discussion format allows me to freely discuss examples and stories from the field as they relate to the discussion. Additionally, the flexibility to allow affiliated preceptors and other health care professionals to come into meetings and join the discussion has been a great benefit. Anecdotally speaking, students seemed to enjoy the change of pace in teaching style. It allows them the opportunity to form insightful personal opinions that can be shared with the group, while also allowing them to engage in the group discussion dynamic to fully appreciate and work with the opinions of others. The briefing has been especially well received because the students do not need to take notes and can focus on listening and thinking critically about the discussion.

CHALLENGES

Several challenges still persist with this approach. Most notably, this style can be out of the comfort zone for some instructors. With so much emphasis placed on trying to hit each competency, it can be difficult to hold a discussion-based course in lieu of traditional lecture. However, I have found over the 3 years the course has been taught this way that this feeling tends to subside. Initially there is an instinctive reaction that the material has not been delivered, but after seeing great success from the midterm and final exams (both entirely essay based) I found comfort in this approach. Additionally, when the 5th edition of the *Athletic Training Education Competencies*[1] was published, I assigned each competency relating to health care administration to the discussion questions (see the Appendix). This helped organize and focus the discussion back on point and in line with the proficiencies. Another struggle is the difficulty some students have in speaking freely in class. Whereas some thrive and are overly talkative, others remain shy and quiet and can struggle to add to discussion. During the first year of the course, participation was all or none. This allowed students to make a single comment during class and get full points, yet other students contributed more strongly and received the same grade. This has lead to the variable grading model for the participation points. Assigning subjective value (0, 1, or 2 points) to the students' responses has made students more eager to engage in the discussion and think more deeply about the topics at hand. Furthermore, good facilitation skills are

needed for the instructor. Like any discussion, there are inevitable lulls in the flow of the conversation. Being able to direct the conversation, make pointed observations and ask subquestions to the original discussion points can be daunting for the instructor. One other concern has been that at times students may feel too relaxed during the meetings. Having already completed the briefing before the meeting, students tend to view class as a relaxed environment because they are not actively taking notes or reading a PowerPoint presentation. This can lead to misunderstanding the tone of the class and underestimating the level of effort needed during each meeting. The students who choose not to actively participate in the discussions often struggle when it comes time to take the midterm and final exams. In addition to losing participation points, some also report feeling overwhelmed by the breadth of the material. Again, the variable grading model for the briefings and participation seems to have corrected this problem.

The health care administration content is challenging for many educators, particularly with respect to engaging students. This column shared a discussion-based meeting format strategy I have used address this concern. Though not without its challenges, this strategy has worked quite well to engage students in the content matter.

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Appendix. Sample Briefings and Discussion Questions for Various Lessons

Briefing for Meeting No. 1: Athletic Training Practice Settings

1. What percentage of athletic trainers work in the following settings?
   a. Clinic –
   b. College or university –
   c. High school –
   d. Professional sports –
   e. Industrial –
   f. Military –
   g. Other –
2. Do clinic positions in athletic training require a master's degree? In what employment setting would a master's degree be necessary?
3. What is a physician extender? How can they increase a physician's productivity?
4. Describe what a physician extender does before during and after the physicians examination.
5. What is an outreach provider? How does this typically affect an athletic trainer?
6. What are the primary responsibilities of the clinical outreach athletic trainer?

Discussion Questions for Meeting No. 1: Athletic Training Practice Settings

NATA Competencies Addressed: HA-1, HA-7

1. Where do athletic trainers work? Where do you believe they will work in the future?
2. What is the importance of a master's or PhD degree?
   a. What's a DPT or DAT?
   b. What's a PhD?
3. What is the benefit of becoming a physician extender? Is it really athletic training?
4. What are the pros and cons of a clinical outreach position? Should high schools be legally required to hire an athletic trainer?

Briefing for Meeting No. 3: Leadership

1. How do you feel about the phrase "great leaders are born, not made"?
2. What separates a "leader" from a "manager"?
3. Define *polarity*.
4. In examining your own athletic training skills, give an example of each of the following:
   a. Unconscious incompetence –
   b. Conscious incompetence –
   c. Conscious competence –
   d. Unconscious competence –
5. What are the 5 levels of leadership according to Maxwell? Give an example from your life of someone who fits each level.

Discussion Questions for Meeting No. 3: Leadership

NATA Competencies Addressed: HA-2

1. What traits make a quality leader?
2. Does a quality leader need to have great skills?
3. How have you progressed as an AT student from:
   a. Unconscious incompetence
   a. Conscious incompetence
   b. Conscious competence
   c. Unconscious competence. What motivates you to achieve unconscious competence?
4. How realistic is Maxwell's 5 levels of leadership? How powerful is "personhood" or "name dropping" to you?