

Professional Behaviors for Athletic Training Students

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KEY POINTS

The courts are unlikely to interfere in academic decision making in professional education.

Athletic training professional practice encompasses a range of cognitive and noncognitive behaviors that are well suited to the subjective and evaluative judgment of program faculty. These professional judgments are judicially supported and can be used in making academic admissions, progress, and dismissal decisions.

Athletic training educators should feel empowered to develop, articulate, and use noncognitive factors in the assessment of the professional development of their athletic training students.

PROFESSIONAL behavior is noted by practice acts and case law to be part of the standard of care expected of health care professionals.^{1,2} Safriet² noted that licensing boards spend much of their time dealing

with professional behavior issues rather than clinical competence. Since the publication of the foundational behaviors of professional practice in the Athletic Training Educational Competencies (ATEC),³ athletic training (AT) educators must incorporate opportunities for students to acquire and demonstrate these behaviors. Education programs may be expected to document student outcomes related to these behaviors for maintenance of accreditation.⁴

Recent literature suggests that many of these professional behaviors are not amenable to assessment at an individual course objective level.⁵⁻⁷ Sailor et al.⁸ reported several noncognitive factors that

clinical instructors felt interfered with an AT student's success.

As educators charged with the development of future athletic trainers, we must be concerned with shaping their professional behaviors as well as their knowledge and skills.³⁻⁶ These behaviors have been termed noncognitive factors, which include, but are not limited to, attitudinal, interpersonal, and behavioral abilities.^{7,9} By including these factors as part of student assessment, we acknowledge our duty to the student, profession, and society to graduate students who demonstrate the requisite knowledge and clinical skill and also exhibit appropriate professional behaviors.^{1,3,6,7} Fulfilling this duty, however, can be difficult if didactic and clinical faculty members are hesitant to evaluate these behaviors.⁷⁻⁹

Although some may view these factors as subjective and judgmental, their inclusion in the ATEC³ obligates AT faculty to define the expected professional behaviors of students. The courts have supported inclusion of these noncognitive factors in making academic program admissions and progress or dismissal decisions.^{5,7,9,10-13} Consequently, AT educators should identify noncognitive criteria for their program and may include them in the overall range of knowledge, skills, and behaviors required of students. This report reviews legal aspects of the evaluation of AT student professional behavior.

Judicial Deference

Judicial deference to academic decision making began with recognition by the Supreme Court of the four essential freedoms of the university—determination of who may teach, what may be taught, how it shall be taught, and who may be admitted to study (and subsequently retained and graduated).¹¹ Subsequently, in *Board of Curators of the University of Missouri v Horowitz*,¹² the United States Supreme Court expressed the opinion that “courts are ill-equipped to evaluate academic performance. The factors discussed . . . warn against any such judicial intrusion into academic decision making.” In addition, the Supreme Court remarked in *Regents of the University of Michigan v Ewing*¹³ that “[w]hen judges are asked to review the substance of a genuinely academic decision . . . they should show great respect for the faculty’s professional judgment. Plainly, they may not override it, unless it is such a substantial departure from accepted academic norms as to demonstrate that the person or committee responsible did not actually exercise professional judgment.” Clearly, these cases support the notion that the courts are unlikely to intervene in academic grading or dismissal decisions. Further, these cases form the legal foundation for the inclusion and use of noncognitive factors as essential requirements.⁹

Including noncognitive factors in admission and progression requirements supports assessment of these behaviors and gives the faculty permission to evaluate the full range of cognitive, psychomotor, and behavioral abilities expected of students.^{5,7,9} Further, the courts have consistently deferred to the academic judgment of the faculty in making admission, progression, and dismissal decisions with respect to essential requirements, including those viewed as noncognitive.¹¹⁻¹³ Therefore, with an understanding of the legal background related to judicial deference and support of noncognitive factors, AT faculty can choose to codify and evaluate noncognitive behaviors that they believe are important for student success as an AT professional.

Noncognitive Factors

The courts have supported a number of noncognitive factors that can be evaluated in the education of health professionals.^{5,9} Of particular interest are two academic dismissal cases decided by the Supreme Court. In the first case, it was identified early on in the program

that the student was having difficulty with her clinical skills.¹² In addition, she was noted to have erratic attendance at her clinical assignment, an inability to accept criticism, and a lack of concern for personal hygiene. Other areas of concern were poor patient relationships and aggressive interactions with peers and other health professionals. Eventually, she was dismissed from the program, and she subsequently filed a lawsuit against the institution. One of the arguments in her action was that she was dismissed for disciplinary reasons and not because of academic or clinical incompetence.

In deciding the case, the court differentiated academic decisions as being more subjective and evaluative, whereas disciplinary decisions are better suited for typical fact-finding proceedings. The court also recognized that the use of noncognitive factors, such as personal hygiene, timeliness, and inability to accept criticism, is an academic decision. Specifically, the court stated the following:

The record . . . leaves no doubt that [student] was dismissed for purely academic reasons Personal hygiene and timeliness may be as important a factor in a school’s determination of whether a student will make a good medical doctor as the student’s ability to take a case history or diagnose an illness.

Based on this decision, it is clear noncognitive factors such as timeliness, ability to accept criticism, and personal hygiene are judicially accepted components of a professional behaviors evaluation and may be included in a program’s essential requirements. In addition, these types of requirements would support the ATEC³ foundational behaviors of *teamed approach to practice* and *primacy of the patient* as student behavioral expectations. To assist educators in examining their expectations, an example of how to state such requirements is provided in Table 1.

The second Supreme Court case, *Regents of the University of Michigan v Ewing*,¹³ offers insight into other noncognitive factors of importance to academic and clinical faculty. In this case, Ewing, a medical student, failed the National Board of Medical Examiners Part I examination with the lowest score in program history. To progress in the program, successful completion of this examination was mandatory. Subsequent to review of Ewing’s entire academic record, he was not allowed to retake the examination and was dismissed from the program. In the Supreme Court’s review, it