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Employability of the Doctor of Athletic Training Degree within Academe

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Employability of the Doctor of Athletic Training Degree within Academe

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1 Department Chairs Perceptions of the Doctor of Athletic Training Degree within Academe

2
3 Context: The Doctor of Athletic Training (DAT) degree has recently been introduced into
4 academe. Limited literature exists regarding how individuals with this degree can be utilized as
5 athletic training faculty.

6 Objective: To identify department chairs' perceptions of the DAT degree and determine whether
7 they view the degree as viable when hiring new faculty within a post-baccalaureate professional
8 AT program.

9 Design: Cross-sectional survey design

10 Setting: Online survey instrument

11 Patients or Other Participants: 376 department chairs who had oversight of Commission on
12 Accreditation of Athletic Training Education athletic training programs were invited to
13 participate. 190 individuals (50.5%) accessed the survey and 151 of the 190 department chairs
14 completed (79.5%) all parts of the survey.

15 Intervention(s): A web-based survey instrument, which included several demographic questions
16 and 4-point Likert-scale items related to perceptions of the DAT degree, was completed.

17 Main Outcome Measures: Independent variables included institutional control, student
18 enrollment, degree granting classification, faculty with a clinical doctorate, and advanced degree
19 requirements. The dependent variables were the department chairs' responses to the survey
20 items.

21 Results: More than 80% of department chairs were moderately or extremely familiar with the
22 concept of an advanced practice doctoral degree and 64% reported it would be extremely to
23 moderately beneficial to hire someone with this degree within the AT program. Furthermore,

24 67% of department chairs reported they were very likely or likely to hire someone with a DAT
25 degree, and believed they would do so in the next 5 years. Characteristics associated with higher
26 perception scores included higher institutional student enrollment, having more current faculty
27 with an advanced practice doctoral degree, and increased level of institutional degree granting
28 classification.

29 Conclusion(s): Department chairs recognize the DAT degree as a viable degree qualification to
30 teach within professional AT programs. Future research should examine the need for the DAT
31 degree within clinical practice settings.

32 Key Words: Professional, Advanced Practice Doctorate, Viability, Post-Professional

33 Key Points:

- 34 1. Department chairs reported it would be beneficial to hire someone with a DAT degree
35 within an athletic training program and they were also likely to hire a degree holder
36 within the next 5 years.
- 37 2. The majority of the department chairs are familiar with the changes in athletic training
38 education requirements, consider the DAT as a degree which they would recognize to
39 teach at the masters' level, and that they would require an individual with an advanced
40 degree above the specified degree for teaching purposes.
- 41
- 42 3. The Doctor of Athletic Training degree is a viable degree qualification to teach in a
43 professional athletic training program and can align with several different faculty line
44 appointments.

45 Athletic training education has undergone considerable evolution over the past several
46 years. Recent changes in athletic training education include the 2015 decision of the Athletic
47 Training Strategic Alliance that all professional programs be at the post-baccalaureate level by
48 2022, thereby eliminating the traditional bachelors' degree as a pathway for entry into
49 professional practice.¹ The transition to a post-baccalaureate degree has also created a shift in
50 the chronology for athletic training students seeking to advance their education following
51 credentialing. Under the current infrastructure, students who obtained a professional bachelor's
52 degree in athletic training had the option to pursue athletic training advanced practice and
53 leadership skills via a post-professional master's degree program in athletic training. However,
54 with the changes to athletic training education, it is hypothesized that the Doctor of Athletic
55 Training (DAT) degree could serve as an option for athletic trainers (ATs) seeking to further
56 their education within the field. The DAT degree is defined as:²

57 A post-professional advanced practice doctoral degree. A primary purpose of attaining a
58 post-professional advanced practice doctoral degree is to become a clinical scholar with
59 advanced knowledge and skills needed for the delivery of patient care at the highest
60 levels.

61 Although not explicitly stated in the definition, as a clinical scholar with advanced knowledge
62 and skills, these individuals would have the requisite knowledge to serve as both clinical and
63 classroom educators and evidence has indicated a desire to utilize the degree within these
64 employment opportunities.³ The DAT programs vary in program curricular content, delivery
65 mode, and area of focus, while also including advanced practice skill and/or leadership
66 development.^{4,5} There are several potential reasons to pursue this educational opportunity for
67 athletic trainers and may include the shortage of clinically prepared leaders, the shortage of

68 terminally prepared athletic trainers to teach within post-baccalaureate degree programs, or the
69 need to produce individuals to initiate and engage athletic trainers at higher levels of clinical
70 reasoning.

71 While the DAT degree is not intended to replace the need for the academic doctorate (e.g.
72 PhD, EdD), it allows a viable option for those seeking to increase knowledge, skills and abilities
73 within athletic training, which can be maximized in leadership, clinical, and teaching positions.
74 The Higher Learning Commission guidelines⁶ state that instructors possess an academic degree
75 relevant to what they are teaching and at least one level above the level at which they teach. In
76 the most recent Commission on Accreditation of Athletic Training Education (CAATE)
77 Analytics Report,⁷ 37.7% (n=137) of program directors and 52.1% (n=189) of clinical education
78 coordinators serve in their role with only a master's degree, therefore, the transition to the post-
79 baccalaureate professional athletic training degree will continue to increase the need for doctoral
80 educated individuals that can serve as teachers, advisors, and research mentors in these new
81 programs.

82 In a preliminary study, at the proliferation of the DAT, various stakeholders' perceptions
83 were assessed regarding the DAT degree.⁸ Faculty administrators (i.e., college/university
84 department chairs, deans, provosts, presidents), who were asked to consider the viability of this
85 degree for their programmatic and institution needs, reported that they were somewhat or very
86 familiar with the degree. Additionally, they reported DAT degree holders were thought to be best
87 aligned with non-tenure-track positions, while also having the qualifications to teach because of
88 their ability to bridge between theory and application. In addition, the faculty administrators
89 indicated DAT degree holders had increased clinical expertise, would enhance overall faculty

90 research productivity, and were a viable alternative to hiring a terminal academic degree holder,
91 depending upon the needs of the institution.⁸

92 While faculty administrators with different institutional roles have been previously
93 surveyed on their perceptions of the DAT degree, it is unclear how specific administrators, like
94 department chairs, who have intimate knowledge of the needs of athletic training programs
95 perceive the degree. Department chairs are often responsible for the recruitment and retention of
96 faculty, therefore they have a vested interest in aligning faculty with appropriate faculty lines
97 associated with credentials and degrees. As the DAT degree has persisted and more programs
98 have emerged, it is pertinent to explore the need for this degree as a post-professional option by
99 understanding the roles and responsibilities associated with faculty lines for which this degree
100 may be suited. Therefore, the purpose of this study was to identify department chairs'
101 perceptions of the DAT degree and determine whether they viewed the DAT degree as a viable
102 degree when hiring new faculty for different faculty lines within a post-baccalaureate
103 professional athletic training program based upon institutional criteria. Department chairs were
104 the targeted audience as they are often responsible for the hiring of faculty within an institution
105 and should have direct knowledge of the needs of the athletic training programmatic needs.

106 **METHODS**

107 **Participants**

108 The CAATE was contacted to identify department chairs at institutions where accredited
109 professional athletic training programs were housed. Three hundred seventy-six department
110 chairs were identified and contacted via e-mail to complete a survey regarding their perceptions
111 of the DAT degree. The survey was accessed by 190 individuals (access rate = 50.5%), and a
112 total of 151 of the 190 department chairs completed all parts of the survey (completion rate =

113 79.5% of those who accessed survey). Institutional demographic information is represented in
114 Table 1. Participation in the survey implied informed consent and the study was approved by the
115 exempt review committee at the University.

116 **Survey Instrument**

117 A web-based survey was developed and hosted in Qualtrics® (Qualtrics®, LLC, Provo,
118 UT). The survey consisted of three sections focused on 1) institutional demographics
119 (institutional type, student enrollment, Carnegie classification, faculty and departmental program
120 information), 2) information related to types of faculty lines in the department
121 (lecturer/instructor, clinical faculty, tenure-track faculty, research faculty), degree qualifications
122 for the faculty lines, and roles and responsibilities (teaching, service, scholarship, advising)
123 associated with each faculty line, and 3) terminal clinical degree specific questions (5 items)
124 (Table 2). Some survey items included follow-up questions predetermined by the response to the
125 initial question, which therefore altered the length of the survey for each participant. Definitions
126 related to associated terminology were provided within the opening page of the survey, which
127 included references to a clinical doctorate. We defined a professional clinical doctorate as a
128 practice-focused degree obtained in preparation to enter a given profession. Examples of clinical
129 doctorate degrees included the Doctor of Physical Therapy (DPT) degree, the Doctor of
130 Audiology (AuD) degree, and the Doctor of Pharmacy (PharmD) degree. A post-professional
131 clinical doctorate or advanced practice terminal degree was defined as a practice-based degree
132 designed for professionals who are currently certified or licensed and aims to enhance
133 professional expertise or specialization within their respective field. Examples of post-
134 professional clinical doctorate degrees included the Doctor of Nursing Practice (DNP) degree.
135 We defined the Doctor of Athletic Training (DAT) degree as an advanced practice post-

136 professional degree focused on advancing knowledge, skills, and clinical abilities that serve to
137 enhance professional expertise beyond the entry-level competencies of Athletic Trainers. The
138 survey contained a mix of close-ended questions and Likert scale items.

139 The survey instrument was developed by a team of athletic training education researchers
140 (3) who had direct experience with post-professional and professional education programs.
141 Administrators (3) associated with athletic training programs were also consulted. These three
142 administrators were all currently in positions which oversaw athletic training programs at the
143 professional or post-professional level and served as division or department leaders. The first
144 draft of the survey was developed from the consultation and submitted to the 3 administrators for
145 feedback. Feedback was provided concerning clarity of the questions and associated language.
146 The survey was revised and distributed to experts in athletic training education (3) who provided
147 qualitative feedback regarding the clarity and relevance of each item related to the content by
148 determining if the question was sufficient or needed attention, with suggestions for improvement
149 noted. Minor modifications were made and the revised survey was then pilot tested by experts in
150 athletic training survey research (5) who had experience in research content and design and
151 minor modifications were made. Reliability of the instrument was not assessed.

152 **Procedures**

153 An e-mail containing information about the survey was sent to department chairs (376) at
154 institutions in which CAATE accredited professional athletic training programs were housed in
155 spring 2016. The email included: (1) the purpose and importance of the research study, (2) a
156 request for participation, (3) the estimated time to complete the survey (15 minutes), (4) the
157 hyperlink to the survey web page, and (5) the contact information for the researcher. Department
158 chairs were instructed to answer survey questions to the best of their abilities. If an athletic

159 training program was not transitioning from the professional baccalaureate level to the post-
160 baccalaureate level, the survey automatically concluded upon submitting a “no” answer to this
161 question. We sent a follow-up e-mail reminder, which contained the same information as the
162 initial e-mail, one to four weeks after the initial e-mail.

163 **Data Analysis**

164 Survey data was automatically sent to the university’s database collection system and
165 responses were generated in statistical software (SPSS version 21.0; IBM Corporation, Armonk,
166 NY). Descriptive statistics were used to calculate means, standard deviations (SDs), and
167 frequencies. Several independent variables were included for this study: institutional control
168 (public, private), institutional student enrollment (less than 5,000, more than 5,000), institutional
169 degree granting classification (doctoral, master, baccalaureate), current faculty with a clinical
170 doctorate (yes, no), advanced degree requirement for teaching (yes, no). The dependent variables
171 were the department chairs’ responses to the five Likert scale items. When the independent
172 variable included two groups, Mann-Whitney *U* tests were used to examine between-group
173 differences with the significance level set at $P \leq .05$. When the independent variable included
174 three groups, Kruskal Wallis H tests were used were to detect differences. A post-hoc Mann-
175 Whitney *U* test with a Bonferroni adjustment was used to correct for type I error. The
176 significance level was set at $P \leq 0.05$ for each Kruskal-Wallis H test; taking into consideration
177 the Bonferroni adjustment for 3 comparison groups, the significance level for each post-hoc
178 Mann-Whitney *U* test was set at $P \leq 0.017$.

179 **RESULTS**

180 **Perceptions of the Doctor of Athletic Training Degree**

181 Overall, 48.8% (N=74) of department chairs were extremely familiar with the concept of
182 clinical doctoral degrees while 31.9% (N=48) were moderately familiar and 10.2% (N=15) were
183 only somewhat familiar. Furthermore, 60.8% (N=92) of department chairs were extremely
184 familiar with the changing educational requirements for athletic training education, while 25.3%
185 (N=38) were moderately familiar. Department chairs reported that it would be extremely
186 beneficial (33.7%; N=51) or moderately beneficial (30.7%; N=46) for their unit to hire someone
187 with a terminal clinical degree within the Athletic Training Program. An additional 21.1%
188 (N=32) of department chairs reported it would only be somewhat beneficial and 5.4% (N=8)
189 reported it would not be beneficial at all. When asked how likely they would be to hire someone
190 for any program within their unit who possessed a terminal clinical degree, 31.3% (N=47) of
191 department chairs reported they were very likely and 36.1% (N=54) reported they were likely to
192 make such a hire. Conversely, 19.9% (N=30) of department chairs reported it was unlikely to
193 hire someone for any program within their unit who possessed a terminal clinical degree and
194 3.0% (N=4) would not hire someone with this type of degree for any program. Finally,
195 department chairs reported they would be very likely (27.7%; N=42) or likely (41.6%; N=63) to
196 hire someone with a terminal clinical degree for any program in their unit within the next five
197 years.

198 **Degree Qualifications and Roles and Responsibilities of Faculty Lines**

199 Teaching was identified as the primary role expected of an individual hired within a
200 lecturer, clinical faculty, or tenure-track line, while scholarship was the primary role for research
201 faculty lines (Table 3). The doctor of philosophy (Ph.D.) was the most commonly chosen option
202 for all faculty lines, however department chairs reported the DAT degree was viable for hiring an
203 individual into a lecturer/instructor line (52.7%; N=69), clinical faculty line (53.6%; N=37),

204 research faculty line (25%; N=8), and tenure-track line (45.3%; N=63) within their institutions if
205 available (Table 4).

206 **Advanced Degree Requirement**

207 One hundred twenty-nine department chairs (85.4%) reported their institution requires an
208 advanced degree within a given discipline to teach within the respected program, while 21
209 department chairs (13.9%) reported their institution does not have advanced degree
210 requirements. There were no significant differences between groups regarding the likelihood to
211 hire someone with a terminal clinical degree ($P=0.53$), benefits to hire someone with a terminal
212 clinical degree ($P=0.25$), familiarity with the changing athletic training education requirements
213 ($P=0.12$), or familiarity with the concept of clinical doctoral degrees ($P=0.21$) items.

214 **Institutional Control**

215 Seventy-seven department chairs reported they were employed at a public institution
216 while 72 were employed at a private institution. There were no significant differences between
217 groups regarding the likelihood to hire someone with a terminal clinical degree ($P=0.39$),
218 benefits to hire someone with a terminal clinical degree ($P=0.90$), familiarity with the changing
219 athletic training education requirements ($P=0.17$), or familiarity with the concept of clinical
220 doctoral degrees ($P=0.64$) items.

221 **Institutional Student Enrollment**

222 Of the 151 department chairs that completed the survey, 61 reported they are employed at
223 an institution with an institutional student enrollment less than 5,000 while 90 reported their
224 institutional student enrollment is greater than 5,000. There were no significant differences
225 between groups regarding the benefits to hire someone with a terminal clinical degree ($P=0.22$),
226 familiarity with the changing athletic training education requirements ($P=0.28$), or familiarity

227 with the concept of clinical doctoral degrees ($P=0.95$) items. However, department chairs
228 employed at an institution with a student enrollment less than 5,000 were significantly more
229 likely (3.23 ± 0.77) to hire someone for any program within their unit who possessed a terminal
230 clinical degree than department chairs at an institution with a student enrollment greater than
231 5,000 (2.94 ± 0.87 ; $P=0.043$).

232 **Current Faculty with a Clinical Doctorate**

233 Thirty-five (23.3%) of the department chairs reported they currently employed faculty
234 members with a clinical doctoral degree within their unit while 111 (73.5%) department chairs
235 did not. Five department chairs were unsure if any of their faculty members possessed a clinical
236 doctoral degree. Expectedly, department chairs with current faculty that possessed a terminal
237 clinical doctoral degree were more familiar with the concept of a terminal clinical doctoral
238 degree (3.66 ± 0.64 ; $P=0.015$) than department chairs without faculty that possessed a terminal
239 clinical doctoral degree (3.36 ± 1.06). There were no significant differences between groups
240 regarding the likelihood to hire someone with a terminal clinical degree ($P=0.11$), benefits to hire
241 someone with a terminal clinical degree ($P=0.39$), or familiarity with the changing athletic
242 training education requirements ($P=0.93$) items.

243 **Institutional Degree Granting Classification**

244 Twenty-eight department chairs were employed at an institution with bachelor degree
245 granting classification, while 81 were employed at a master's degree granting institution and 38
246 were at a doctoral degree granting institution; there were 4 missing cases for this demographic
247 item. There were significant differences for the benefits to hire someone with a terminal clinical
248 degree ($P=0.002$). Post-hoc analyses revealed that department chairs employed at a bachelor
249 degree granting institution reported higher perceived benefits to hire someone with a terminal

250 clinical degree (3.54 ± 0.79) than department chairs at a master's degree granting institution
251 (2.96 ± 0.84 ; $P=0.001$) or a doctoral degree granting institution (2.82 ± 1.06 ; $P=0.004$). There
252 were also significant differences for the familiarity with the changing athletic training education
253 requirements item ($P=0.02$). Department chairs employed at master's degree granting institutions
254 were more familiar with the changing educational requirements for athletic training education
255 (3.73 ± 0.52 ; $P=0.009$) than department chairs employed at a bachelor degree granting institution
256 (3.43 ± 0.63). No significant differences were found for the likelihood to hire someone with a
257 terminal clinical degree ($P=0.68$) or familiarity with the concept of clinical doctoral degrees
258 ($P=0.17$) items.

259 **DISCUSSION**

260 The purpose of our study was to examine the current perceptions of department chairs
261 who were associated with a professional athletic training program regarding the viability of
262 employing someone with the DAT degree for their program. We were interested in assessing
263 whether the DAT would be a degree that academic institutions would consider for different
264 faculty lines within their programs. We found that the majority of the department chairs are
265 familiar with the changes in athletic training education requirements, consider the DAT as a
266 degree which they would recognize to teach at the masters' level, and that they would require an
267 individual with an advanced degree above the specified degree for teaching purposes. The type
268 of institution did not affect their perceptions, however, as the Carnegie classification increased
269 the perceived benefits of hiring an individual with the DAT degree decreased. The DAT degree
270 was also an accepted degree for faculty lines as a lecturer, clinical faculty or tenure-track faculty,
271 and less desired for the research faculty lines.

272 The development of advanced practice in athletic training is not a new concept, as the
273 post-professional athletic training degree has been in existence since 1972 when the first
274 program was accredited.⁹ The post-professional athletic training degree evolved over time in that
275 it first served as a route for taking the credentialing exam and now is aligned with advanced
276 knowledge, skills and abilities beyond the professional level. Individuals who attended these
277 programs did so to advance their entry-level knowledge, increase their professional development,
278 and align their careers for a life-long commitment to the discipline.¹⁰ With the evolution of the
279 professional degree to the post-baccalaureate level there will be a gap in clinical practice
280 advancement, and therefore the continued need for an advanced practice degree is warranted.
281 Individuals pursuing a DAT degree have reported that they are committed to learning and believe
282 that the degree will bring them professional advancement and development.³

283 The nursing profession has been examining this type of advanced terminal degree for the
284 past several years. Doctor of Nursing Practice (DNP) degrees were developed to prepare nurses
285 with the competencies needed to improve health care systems through administrative leadership
286 and advanced practice roles.¹¹ In 2004, the American Association of Colleges of Nursing
287 (AACN) adopted a resolution that the DNP degree would become the educational requirement
288 for entry into advanced practice registered nursing by 2015.¹² The position statement outlined
289 the need for administrative and advanced practice leaders with stronger preparation in systems-
290 based practice improvement and translational research. Other disciplines (e.g., medicine,
291 pharmacy, physical therapy, nursing) have found it difficult to develop leadership, translational
292 science, and systems improvement competencies while a student is acquiring the didactic and
293 experiential learning required for entry level clinical practice.¹¹ Although educational programs
294 are utilizing the DNP trained individual for instruction, there does not appear to be pedagogical

295 training within the typical degree program, which may have negative implications for socializing
296 into that role. While DNPs believe they are ready to function within a faculty role,¹³ it is
297 recommended that these individuals either seek additional preparation in the science of pedagogy
298 through their curriculum or through onboarding by the hiring institution.^{14,15} This component
299 may also be applicable for those completing DAT degree programs as the foci of the programs
300 doesn't necessarily align with the outcomes.^{4,5}

301 As a terminal degree in athletic training, there is potential for the DAT degree to mitigate
302 the future athletic training faculty shortage and to close the practice-education gap. The number
303 of faculty in athletic training with terminal degrees is limited, as baccalaureate programs have
304 utilized graduate assistants and clinical faculty to assist with teaching needs.¹⁶ Approximately
305 one-third of professional athletic training program directors have a master's degree,⁷ and it can
306 be hypothesized that many individuals in the other faculty lines who may teach within many
307 professional programs also possess the master's degree. The DAT would be a potential route for
308 these individuals to pursue in order to become prepared for the rigors and demands of a faculty
309 role, beyond that of an instructor. Most department chairs surveyed indicated that a degree
310 above the masters would be needed to teach in post-baccalaureate programs, therefore program
311 administrators will need to examine how they will meet these demands.

312 It is important to consider that the clinical DAT is not intended to inflate the post-
313 professional master's degree, but to elevate post-professional education in the profession.
314 Although human capital theory suggests that the expansion of higher education provides
315 practitioners with advanced practice skills that they would use in their jobs,¹⁷⁻¹⁹ educational
316 credentialism suggests that educational attainment is more important than the actual acquisition
317 and application of new skills.²⁰ These issues face all of higher education as the proliferation of

318 clinical doctorates continues. Some literature suggests that the development of the advanced
319 practice or post-professional doctorate, which is able to differentiate itself from the master's
320 level, does prove to be more effective at developing the advanced skills and demonstrating
321 economic benefit to its students.²¹

322 The DAT degree may also be a route to bridge the practice-education gap and the
323 practice-research gap. As professional Standards for athletic training programs continue to
324 evolve, there may need to consider the importance of clinical practice activities for those who
325 may teach within the academic program. Physical therapy program Standards require that core
326 faculty have doctoral preparation, an ongoing scholarly agenda, and contemporary expertise
327 beyond that obtained in an entry-level program.²² Those holding the clinical doctorate as the
328 highest terminal degree in physical therapy tend to be junior rank, spend 10% of their time in
329 clinical practice, and over half are clinical specialists in a defined area.²³ Although the definition
330 related to the DAT degree includes the purpose of becoming a clinical scholar with advanced
331 knowledge and skills needed for the delivery of patient care at the highest levels,² it will be
332 important to prepare these individuals within pedagogy if they are to align with positions in
333 academe. Our results indicate that individuals with a DAT will be able to teach within most
334 athletic training programs and in different faculty lines, which will all soon be at the post-
335 baccalaureate level. The ability to bring clinical practice experiences into the classroom is
336 another component that the DAT degree may be able to address, as several of the current
337 programs include clinical content and these individuals could remain clinically active while in
338 academe, lending to the educational training of students. This may be an important component
339 for athletic training programs to consider. Additionally, individuals with a DAT may be poised
340 to understand the role of research within clinical practice as they complete experiences within

341 their programming related to clinical and patient outcomes, electronic medical records, and
342 assessment of interventions within clinical practice. Faculty lines were divided into 4 common
343 categories used at several institutions, but these lines may not have been all inclusive. Lecturers
344 are traditionally individuals whose main function is course instruction, while clinical faculty
345 lines often include clinical supervision/practice/management along with instruction. Some
346 clinical faculty lines also require completion of scholarship depending upon the type of
347 institution. Tenure-track lines are often associated with some teaching, and some scholarship,
348 but that is also defined by the institution, while research lines predominantly encompass
349 positions which are solely aligned with research activities. Each department chair completed the
350 survey in the context of their host institution, therefore their responses were associated with how
351 their host institution defined them.

352 **Limitations and Future Research**

353 Our results reflect the perceptions of department chairs associated with professional
354 athletic training programs and are not transferrable to other academic administrators at an
355 institution. Our research focused on the viability of the DAT degree within academe, but little is
356 known about the need for the degree within clinical practice settings. We need to understand
357 more about why individuals pursue the DAT degree and the benefits they perceive this type of
358 degree will allot them, as well as viewpoints from employers as to their perceptions of how this
359 degree will benefit their health care system and the patients they serve. Information from
360 graduates of DAT programs would be valuable to guide further development of programming
361 and alignment with suitable positions. Lastly, additional information should be explored as
362 related to degree programs in which the clinical terminal degree is more widely accepted.

363 **CONCLUSIONS**

364 Department chairs are aware of the educational changes within athletic training and
365 believe that the DAT degree is a viable degree for many types of faculty lines at their
366 institutions. Due to the changes within athletic training educational programs there will be a
367 need to identify instructional solutions which will meet the needs of the student and the
368 institution. The DAT degree prepared individual has a varied background based upon current
369 programming models, and therefore could be the bridge for athletic training programs as they
370 seek to develop clinical athletic trainers who can examine patient care issues. This type of
371 doctoral education does not necessarily prepare individuals for academe responsibilities of
372 teaching, advising, and scholarship, therefore programs may need to consider embedding
373 preparation for the academy within or supplementary to their programming.

Online First

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Table 1. Select Institutional demographics

Variable	N	%
Institution type		
Private	72	48
Public	77	51
Did not report	2	2
Total student enrollment		
<5,000	61	40
>5,000	90	60
Carnegie classification		
Baccalaureate	28	18
Master's	81	54
Doctoral	38	25
Did not report	4	3
Type of AT program		
Undergraduate	129	78
Graduate	24	14
Both	13	8
Advanced degree required to teach		
Yes	134	81
No	24	14
Did not report	8	5

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Table 2: Terminal Clinical Degree Specific Likert Scale Survey Questions and Response Choices

Question	Response Choices
1. How likely would it be that you would hire someone with a terminal clinical degree?	Very Likely (1) Likely (2) Unlikely (3) Very Unlikely (4)
2. How likely would it be that you would hire someone with a terminal clinical degree in the next 5 years?	Very Likely (1) Likely (2) Unlikely (3) Very Unlikely (4)
3. How beneficial would it be for you to hire someone with a terminal clinical degree within the Athletic Training Program?	Extremely Beneficial (1) Beneficial (2) Somewhat beneficial (3) Not Beneficial (4)
4. How familiar are you with the changing educational requirements for athletic training education?	Very Familiar (1) Familiar (2) Somewhat Familiar (3) Not Familiar (4)
5. How familiar are you with the concept of clinical doctoral degrees?	Very Familiar (1) Familiar (2) Somewhat Familiar (3) Not Familiar (4)

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Table 3. Breakdown of Roles Within Institutional Faculty Lines

Faculty Line	Role	Frequency	%
Lecturer/instructor (N=131 of respondents)			
	Advising	89	67.9
	Teaching	127	96.9
	Scholarship	29	22.1
	Service – community	90	68.7
	Service – clinical	41	31.3
Clinical faculty (N=69 of respondents)			
	Advising	44	63.8
	Teaching	66	95.6
	Scholarship	21	30.4
	Service – community	47	68.1
	Service – clinical	41	59.4
Research faculty (N=32 of respondents)			
	Advising	15	46.9
	Teaching	20	62.5
	Scholarship	29	90.6
	Service – community	22	68.8
	Service – clinical	4	12.5
Tenure-track faculty (N=139 of respondents)			
	Advising	117	84.8
	Teaching	134	96.4
	Scholarship	130	93.5
	Service – community	131	94.2
	Service – clinical	34	24.5

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Table 4. Accepted Degree Qualifications for Institutional Faculty Lines

Faculty Line	Degree	Frequency	%
Lecturer/instructor (N=131 of respondents)			
	PhD	108	82.4
	EdD	94	71.8
	DSc/ScD	54	41.2
	DAT	69	52.7
	Other	33	25.2
Clinical faculty (N=69 of respondents)			
	PhD	47	68.1
	EdD	43	62.3
	DSc/ScD	29	42.0
	DAT	37	53.6
	Other	25	36.2
Research faculty (N=32 of respondents)			
	PhD	30	93.8
	EdD	24	75
	DSc/ScD	11	34.4
	DAT	8	25
	Other	1	3
Tenure-track faculty (N=139 of respondents)			
	PhD	133	95.7
	EdD	107	77
	DSc/ScD	61	43.9
	DAT	63	45.3
	Other	5	4

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