ABSTRACT

TITLE:	The Effect of the Medical Model vs. the Athletic Model on Coach Satisfaction of Athletic Trainers
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ABSTRACT: Background: Athletic trainers (ATs) work in a variety of settings and their model of supervision can vary. The traditional and most common model is the athletic model in which an athletic department or coach supervises the AT. A newer and emerging supervisory structure is the medical model in which a medical entity such as a campus health center or team physician manages the AT. Issues within the athletic model are beginning to be publicly discussed by ATs, yet little research has been conducted on the two models. The purpose of this study was to determine the effects of the two primary supervision models of athletic training on coach satisfaction levels. Methods: All head varsity coaches were contacted from seven medical model schools and seven athletic model schools. An adapted 56-question survey was completed by coaches (27 responses from medical model and 20 responses from athletic model) and then analyzed using an independent t-test with a p value of 0.05. Results: The independent t-test found that the athletic model schools (M = 179.4526.496) reported slightly higher levels of satisfaction with their athletic trainers than medical model schools (M = 176.6726.133). However, there was no significant difference (t=0.359; p=0.721) found between the two groups. Conclusions: The lack of significant difference found on this topic may be a positive finding for the medical profession as a whole, supporting the concept that quality of healthcare is not influenced by the structure or management through which it is provided. The medical model is a newer concept that may take some time for coaches and staff to understand and become comfortable with. Further research should also be conducted that utilizes other means of comparison to determine the model's effectiveness. This research should include patient-rated outcomes, conflict of interest, liability, cost-effectiveness, and AT job satisfaction.