Faculty Board on Athletics
Meeting of March 21, 2014
11:00 am-12:30 pm, 500 Main Building

Members present: Patricia Bellia (Chair), Michael Desch, Ann Firth, John Gaski, Erin Hoffmann Harding, Patrick Holmes, Dan Kelly, Umesh Garg, Thomas Noble, Robin Rhodes, Richard Pierce, Michael Stanisic, Jack Swarbrick, Christopher Stewart, Ann Tenbrunsel

Athletics Liaisons: Missy Conboy

Observers and Guests: Dr. Jennifer Malcolm—University Physician and Head Football Team Physician; Tracey Thomas (Recorder)

1. Call to order and opening prayer

Professor Patricia Bellia called the meeting to order and invited Professor Michael Stanisic to give the opening prayer.

2. Minutes of February 28, 2014

The minutes of February 28, 2014 were unanimously approved.

3. Selection of Recipients of the Byron V. Kanaley Award

Professor Ann Tenbrunsel presented the nominees selected by the Academic Integrity subcommittee for the Byron V. Kanaley award. The award honors those student-athletes who are most exemplary in academics, athletics, and leadership. The presentation was opened for discussion of the slate put forward by the subcommittee.

Members discussed the impact of increasing the number of awards from the recent pattern of about five to seven. Some members favored not exceeding that number because the value of the award might be diluted by a greater number of awards. It was noted that supporting statements from coaches can be somewhat less persuasive if not supported by external awards and/or recommendations. Proponents for increasing the number of awardees this year noted that the pool of nominees was particularly strong. Nominations that are on the margin this year would have been easily approved in previous years. It was noted that some nominees are still participating in their seasons, so final awards and honors have not been garnered. Several members supported a decision that favors the student-athlete whenever there is a close case. Members noted that achievement levels are increasing for students in every area.

Members discussed the limitations for nominations. Each sport can submit only one nominee; the second-best nominee from any one sport might have higher achievements than the best nominee of another sport. Members returned several times to the fact that this year's pool is particularly impressive in its academic and athletic achievements; some of the nominees who will not win an award this year would easily have won in past years.

Members voted on the slate of seven nominees who were unanimously chosen by the subcommittee. The vote was unanimous for this slate. Members then voted for two other nominees individually. Neither was approved. Members then voted for the two additional nominees together. This motion was not approved.

The seven winners of the 2014 Byron V. Kanaley award are Logan Renwick, Kelly Curran, Elizabeth Tucker, Jennifer Kellner, Gereck Meinhardt, Greg Andrews, and Harrison Shipp.

Following the vote, Professor Bellia asked the subcommittee to review the parameters governing nominations, revisiting the question of whether the Board should continue to solicit only a single nominee from each sport. In addition, the subcommittee should discuss the merits of "at large" nominees.

5. Applications for a Fifth Year of Athletics Eligibility

Professor Tenbrunsel reported that the subcommittee has approved applications for a fifth year of athletics eligibility for Austin Collinsworth, Christian Lombard, Tyler Plantz, and Justin Utupo. As time had expired, discussion of the application of Kendall Moore was postponed until the next meeting.

6. Proposed Revisions to Final Exam Conflict Policy

As time had expired, this topic was postponed to the next meeting.

7. Student-Athlete Medical Issues—Dr. Jennifer Malcolm

Professor Bellia welcomed Dr. Jennifer Malcolm, head football team physician, who joined the University in fall 2013. She agreed to meet the Board and talk about issues affecting student-athletes, such as concussions, mental health, and drug testing.

Dr. Malcolm thanked members for inviting her to the meeting. She noted that the NCAA's chief medical officer, Dr. Brian Hainline, had visited campus in December, and several issues emerged from his presentation. She offered to ask for the slides of that presentation and to share them with the Board.

a. Mental health

Dr. Malcolm addressed the topic of mental health. Through surveys, the NCAA has determined that mental health presents a more pressing issue than had been expected. Indications of mental health issues among student-athletes are higher than expected across all divisions in college athletics (medical personnel had believed that the problems would be more prominent in Division I). The data indicates four categories of problems:

1. Anxiety

2. Stress disorders
3. Eating disorders
4. Other

While all sports indicated the presence of these problem categories, women's basketball had the highest numbers in every category. Men's basketball, football, and baseball also presented high numbers.

Dr. Malcolm reported that the University is studying the mental health of students in general, and will form a task force for this effort. There is a sense of urgency about this issue. The goal is to improve education and treatment of all students. When the NCAA data is published, in summer 2014, it will help push the agenda further.

In response to a question, Dr. Malcolm reported that the incidence of mental health problems can be higher for student-athletes than for the general student population. Division I student-athletes had higher incidence than the general population of students. Between 30-70% of NCAA student-athletes report experiencing depression. The main causes are reported as hours of participation, relationship with coaches, and finding time for regular social activity.

Notre Dame data for comparison is not currently available. Erin Hoffmann Harding reported that a new source of data, the national health assessment, will soon be available, and it will give the ability to segment for different student populations. She noted that anxiety in college students has increased significantly during the past five years.

b. Concussions

Dr. Malcolm addressed the issue of concussions. Professor Rhodes asked about the role of research into equipment design. Dr. Malcolm confirmed that it is now an accepted fact that helmet design cannot prevent concussions. She noted that helmets were initially designed to prevent skull fractures. Concussion research clearly indicates that a concussion is a traumatic brain injury that cannot be prevented by equipment.

Professor Desch asked if a rule change is mandated by concussion research. Dr. Malcolm said there is no consensus on that question.

Decreased exposure is the most significant way to reduce concussions. At Notre Dame, the medical staff gives close attention to the number of hits at practice and at how to decrease risk exposure throughout the season. Controlled contact is another way to reduce risk; "true" contact is more harmful to players, so incidents of true contact are being reduced. The practice of avoiding hits is somewhat unique at Notre Dame. The data is concrete and easily implemented for coaches. Dr. Malcolm shared a practice plan with members that was used at football practice that morning; the plan is color-coded to identify segments of practice during which hits are possible. It also identifies student-athletes at particular risk because of injury or other factors.

The key figure in the prevention protocol is the athletic trainer, although only the team physician can make the concussion determination. Among the team members who give input in prevention protocol are the athletic trainer, the team physician, and the strength and conditioning coach.

Notre Dame is also in the process of revising its concussion management plan. This plan provides a clear definition of concussion, and outlines an education program to inform students and athletics staff on the range of issues connected to concussions. It will discuss both the academic and physical concerns for student-athletes. For instance, it will discuss the "correct way" to return to the classroom as well as the sport after a concussion incident.

Notre Dame student-athletes are expressing concerns about concussions to coaches, doctors, faculty mentors, and friends. The level of understanding is good; it could be even better.

Professor Rhodes mentioned a discussion he had with a student-athlete who expressed deep concern about the possibility of being diagnosed with ADD, which he has noted is on the rise among his teammates. Dr. Malcolm noted that there is very little literature making a connection between concussions and ADD diagnosis. The incidence of ADD diagnosis is on the rise at Notre Dame, among both student-athletes and the general population. A comparison among peer institutions about incidence would be helpful. In addition, it would be helpful to understand high school treatment plans. Some student-athletes are being "taken care of" for perhaps the first time in their lives, which may be shining a bright light on patterns and problems that have existed for a long time. There is no data available for Notre Dame's incidence of ADD diagnoses among student-athletes. Dr. Malcolm is planning a data collection project for a Sports Medicine fellow to bring together all Notre Dame data on ADD diagnosis among students.

Dr. Malcolm distributed a document on SCAT3 (Sports Concussion Assessment Tool 3), in which a team of sports medicine physicians has compiled "best practices" for diagnosing concussions. This document also includes guidelines for determining when to return to play.

At Notre Dame, the protocol for returning to play is that there must be a return to full functioning in the classroom prior to a return to athletics. Dr. Malcolm noted that protocols on the academic aspects of concussion incidence have not yet been broadly accepted. It is now widely believed that immediate removal from the academic environment benefits student recovery. In response to a question, Dr. Malcolm said that she had no information on University policy about finances as related to a student withdrawal from the University for a concussion-related injury. She suggested that Ann Whitall of Student Affairs would be able to answer this question. Ms. Hoffmann Harding noted that Ms. Whitall is a liaison with the working deans; in this type of withdrawal situation, a team of administrators assists a student to make an appropriate and beneficial decision. All are interested to make a generous offer for the student.

Professor Rhodes asked Dr. Malcolm if she senses that football is under siege because of concussion concerns. Dr. Malcolm said she did not foresee a time when football would be banned, as the sport is so enormously lucrative. From the medical perspective, serious and good faith changes need to be made. The problem is significant in many sports, including boxing,

martial arts, and soccer. Female soccer players experience the highest incidence of concussion among all female athletes.

Professor Kelly asked about peer institution response to concussion data. He asked about the inconsistencies in response protocol and the impact that such inconsistencies have on competitiveness. Dr. Malcolm noted that historically there have been a wide range of accepted protocols, with institutions and even states setting non-standardized guidelines. The NCAA is trying to impose more standardization. Dr. Malcolm observed that there is now a significant degree of agreement on this once controversial topic; this is a "big change" in the culture. Observers are watching to see how quickly a generalized change can be implemented.

Professor Tenbrunsel asked if a concussion can be faked; the answer is yes. Dr. Malcolm noted that student-athletes are not likely to do this as they are motivated to stay on the field. There is a standard protocol for determining believability; eye exams can provide revelatory information. Often students come in with a concussion complaint that the doctor correctly diagnoses as a sleep disorder and/or depression. She reported that the exam experience has greatly changed in the past five years, as a result of the number of tools available and the amount of research doctors can access. Thinking is quite sharply changed and continuing to change regularly. At Notre Dame, there is an elevated level of screening being done, compared with other institutions at which Dr. Malcolm has worked.

c. Drug testing

Dr. Malcolm reported on the drug testing policy and protocol at Notre Dame. The Notre Dame drug testing protocol is going to change, based on research on effectiveness of tests (NCAA drug screening will remain the same). Notre Dame's random drug testing procedure has used the standard hair test, which provides a longer window for detection of the presence of drugs but is less accurate than urine testing. Notre Dame is now going to switch to urine testing for every student-athlete at Notre Dame; the number of random tests administered in a given year will equal the number of Notre Dame student-athletes.

The test readings will be done by Aegis Lab, which has a "phenomenal" reputation. Notre Dame has had a strong relationship with them in the past, and the Lab has arranged a connection between the University and a Michiana collection company. There are many safeguards built into the process of collecting and analyzing the tests; privacy and security will be of the highest priority.

Ms. Firth complimented Dr. Malcolm for the work she has been doing as the Drug Testing coordinator. A working group did an intense level of work and research to thoroughly review methodology, frequency of testing, panel options, and other pertinent elements of the testing process. This work led to this new overhaul of the testing protocol, which the University confidently believes is the best practice.

A significant part of the policy is the concept of "safe harbor." Any student-athlete can "turn himself in" if s/he has been using a street drug prior to a testing situation. A student who invokes the safe harbor does not receive a "first positive" result, but is subject to probationary

testing for a specified period. In the past six months, six individuals have voluntarily sought health care and safe harbor for marijuana and/or cocaine use. Health services has successfully assisted these individuals to eliminate street drug use.

Dr. Malcolm discussed the notification process by which student-athletes are informed of selection for a random test. The notification currently comes through email, with a two-week window to respond. Since this process can have gaps, the notification process has been changed. The window is narrowed, and notification will come through three methods. There will be an email with a time sensitive indicator in the subject line; there will be text messaging, via the Jump Forward network; there will be direct phone calls from moderators, during the initial implementation of this new process. Ultimately, the goal is to transfer awareness and responsibility to the student-athletes, as part of increased education of student-athletes. The Drug Testing Oversight Committee continues to investigate and develop a set of best practices for the welfare of the student-athletes.

As time had expired, the presentation was concluded. Professor Bellia thanked Dr. Malcolm for addressing the Board.