CAATE Insights
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Professor & Chair
Department of Interdisciplinary Health Sciences
Research Professor
School of Osteopathic Medicine of Arizona
A.T. Still University

New Look
Subtitle if needed

CAATE
Commission on Accreditation of Athletic Training Education
Disclosures

- I have relevant relationships regarding the content discussed in this presentation.
- Commission on Accreditation of Athletic Training Education (CAATE)
  - I have a nonfinancial relationship as a Commissioner. I do not receive compensation for this role.
  - Views expressed here are my own and do not reflect those of the Commission unless they are explicitly stated policies/standards of the Commission.

Presentation Objectives

- Discuss the professional education transition to the Masters degree level.
- Discuss the potential impact of the degree change on the landscape of AT regulation.
- Discuss the potential impact of the residency training on AT regulation.
- Discuss the potential impact of international accreditation on AT regulation.

Degree Transition

- Degree Transition
  - Timeline for Compliance with Standard: Baccalaureate programs may not admit, enroll, or matriculate students into the athletic training program after the start of the fall term 2022.
  - Programs still producing baccalaureate degree holders into 2026-28.

- Substantive Change
  - Must have institution, (state, regional accreditor, etc.) approval prior to submitting intent to change
  - 5 review cycles a year
CAATE – Program Numbers*

- Professional Programs = 373/358
  - Bachelors = 235/224
  - Masters = 134
- 15 voluntary withdrawal/closing by June 30, 2019
- 15 substantive change (between June 2019-February 2020)
- 19 seeking (2 international)
- Post-Professional Degree Programs = 9
- Residency Programs = 10 (3 seeking)

Degree Transition

- From the Strategic Alliance:
  - The NATA Board of Directors and the Commissioners of the CAATE, with full support of the Board of Certification and the NATA Research & Education Foundation, have agreed to establish the professional degree in athletic training at the master’s level.
  - A critical link to acceptance in the broader health care arena is the A Tah level of professional preparation.
  - This decision to shift the degree level is essential to ensuring our future ability to meet the expectations of the health care team, to continuing to improve patient outcomes, and to keeping our profession sustainable for generations to come.
Degree Transition and AT Regulation

- Regulation is frequently predicated on education
- Eventually, regulators will be able to claim that AT education occurs at the masters degree level
- What will that mean?

Degree Transition and AT Regulation

- The better predicate for enhanced regulation is likely the new 2020 accreditation standards:
  - Varied patient populations (S-17)
  - Lifespan, socioeconomic status, non-sport activities
  - Prerequisite courses and foundational knowledge (S-54 & 55)
  - Core competencies (S-56 to S-68)
  - Joint mobilizations and manipulations (S-73)
  - Medication administration (S-75)
  - Concussion or other brain injury (S-76)
  - Behavioral health (S-77)
Accredited Residency Programs

- The mission of a post-professional residency advances preparation of an athletic training practitioner through:
  - a planned program of clinical and didactic education
  - in a specialized area
  - utilizing an evidence-based approach
to enhance patient care.

Residency Education and AT Regulation

- The question has been raised about whether or not 'specialists' should have greater practice capacity
- Would require differential regulation = highly complex and problematic
- Advocating instead for advanced individual 'privileging' within local health systems governed by uniform regulation

International Accreditation and AT Regulation

- 2 program in application phase
- Interest from a variety of countries
  - Canada, China, England/UK, Ireland, Japan, South America, Spain
- Substantial Equivalency (2012 Standards) – CAATE website
  - Working on Substantial Equivalency document for 2020 Standards
International Accreditation and AT Regulation

- Very slow and deliberate growth expected in this arena
- Adequate English language skills required for passing the BOC exam
- Consider regulatory language specific to licensure eligibility:
  - Graduate of a CAATE Accredited Program = MRA implications and state-to-state mobility implications for legacy internship graduates?
  - Graduate of a program in the US = CAATE and MRA implications?
  - Consider language around an appropriately approved educational program
    - CAATE accredited in US or international
    - MRA country accredited/approved programs
    - Historical internship programs leading to BOC eligibility

THANK YOU

CAATE Update Information
Made Available for Handout Information Purposes Only
CAATE Vision, Mission, & Values

- **Vision**
  - Assure accreditation excellence across the continuum of AT Education enhancing clinical practice.

- **Mission**
  - Defining, assessing, and continually improving AT education

- **Values**
  - Accountability
  - Transparency
  - Integrity
  - Excellence
  - Leadership
  - Collaborative

CAATE Goal Statements

- **Goal Statement: Value of Accreditation**
  - Accreditation is valued by key stakeholders.

- **Goal Statement: AT Education Metrics of Success**
  - CAATE has a process to determine effectiveness of accreditation to the AT profession.

- **Goal Statement: Clinical Specialist Pathways**
  - CAATE has established valuable education and training pathways to create and promote the growth of AT clinical specialists.
The Commission believes

- Linking CAATE accredited residency programs & specialty certification is important.
- Continued development/promotion continuum of education.
- Value in accreditation of post-professional degree programs.
- Development of clinical specialists should be achieved through post-professional education including residency & fellowship training.

Board Make-up

- Board of 12 (voting members)
  - AT Member (7)
  - Physician Member (3)
  - Administrator Member (1)
  - Public Member (1)
- Staff of 5
- Liaisons – 4 (non-voting)
  - Strategic Alliance & ECE

Coming Changes

- Increase Board to 13
  - Adding Clinician focused member
  - 8 AT Members
Who to Contact

- CAATE Office
  - support@caate.net
  - 512-733-9708

- Leslee Taylor, PhD, LAT, ATC
  - administrivia@caate.net
  - President, AT Member, Texas Tech University Health Sciences Center

- Eric Sauers, PhD, ATC, FNATA
  - ericsauers@caate.net
  - President-elect, AT Member, AT Still University

- Jack Weatherby
  - Treasurer, Public Member

- LaMont Cavanagh, MD
  - Physician Member at large

- Steve Cull, MD
  - Physician Member, AHP Representative

- Kathy Dieringer, EdD, LAT, ATC
  - AT Member, D&B Sports Med

- Valerie Herwig, EdD, LAT, ATC
  - AT Member, Weber State University

- Chris Ingersoll, PhD, ATC, FACSM, FNATA
  - AT Member, University of Toledo

- Barbara Long, EdD, ATC
  - AT Member, Wingate College

- Mark Merriks, PhD, ATC, FNATA
  - AT Member, The Ohio State University

- Jon Schultz, MD
  - Physician Member, AHP Representative

- Bonnie Van Lunen, PhD, ATC, FNATA
  - AT Member, Old Dominion University

Program Numbers

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  - Bachelors = 239/224
    - 15 voluntary withdrawal/closing by June 30, 2019
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*May 2019
Program Voluntary Withdrawal*

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- 80 confirmed professional programs (closing after 9/1/2018)
- Professional Programs that are voluntarily withdrawing must still comply with all standards except Standard 11 until the program is closed. Continual non-compliance with the standards may result in non-voluntary withdrawal of accreditation.
- PPD – some starting professional masters degree

*May 2019

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Total by State (BAC, MAS, Degree Change, VW)

*May 15, 2019

Transforming for Resilience, Inclusion, Quality Education

Standard 11 Update*

- 295 programs compliant with Standard 11
  - 81% total programs

- 69 programs below 70%
  - 10% total programs
  - Between 50-70% = 16 programs
  - Below 50% = 53 programs

*January 2019
Professional Programs
2012 Standards

Site Visits 2018-2019

- Professional Programs*
  - 54 site visits
  - 145 citations

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*preliminary data

Site Visit Report*
Review Team
85%

Site Visit Report*
Review Committee Chair
82%

Review Team
Review Committee Chair (DA) 96%

*Site Visitors are informed to cite a Standard as NC if they cannot determine compliance
2018-2019 Commonly Cited Standards

- Standard 57 (min/max hour policy) 13 programs cited 9%
- Standard 6 (assessment measures) 7 programs cited 5%
- Standard 10 (data analysis) 7 programs cited 5%
- Standard 23 (CEC release time) 7 programs cited 5%
- Standard 9 (collect the data) 5 programs cited 3%
- Standard 4 (comprehensive assessment plan) 6 programs cited 4%
- Standard 12 (action plan) 6 programs cited 4%
- Standard 50 (clinical education experiences) 5 programs cited 3%
- Standard 51 (clinical sites evaluated) 5 programs cited

Professional Programs 2020 Standards

- Implementation Date – July 1, 2020
  - eAccreditation available – July 1, 2019 for 2020-2021 site visit
  - Delayed implementation for Standard 41

- All sections (I-IV) apply to Master’s degree programs
  - Section IV, Curricular Content applies to baccalaureate programs as well
  - Replaces separate NATA Educational Competencies document
  - Crosswalk document helps programs transition currently enrolled students.

- Total Number = 94
Foundation

- Philosophy
  - Standards are a living document
  - Ongoing review as warranted
  - More narrative, less check-boxes
  - Greater program flexibility & institutional autonomy

- Implementation & Guide to the CAATE 2020 Professional Standards
  - Advance notice of compliance statements
  - Identification of minimum elements

Framework Overview

Framework Development and Dissemination

- Standard 1
- Standard 2
- Standard 3
- Standard 32
- Standard 38
- Standard 40
Framework Content

- Standard 2
- Standard 4
- Standard 5
- Standard 48

Clinical Education Overview

- AT Clinical Experiences
  - Standards 14-18
  - Standard 46
- Simulation
  - Standards 17-18
- Supplemental Clinical Experiences
  - Standard 8
  - Standard 46

Standard 17 – Varied Patient Populations

- A program’s clinical education component is planned to include clinical practice opportunities with varied client/patient populations. Populations must include clients/patients
  - throughout the lifespan (for example, pediatric, adult, elderly),
  - of different sexes,
  - with different socioeconomic statuses,
  - of varying levels of activity and athletic ability (for example, competitive and recreational, individual and team activities, high- and low-intensity activities),
  - who participate in non-sport activities (for example, participants in military, industrial, occupational, leisure activities, performing arts).
Standard 17 - Annotation

- These clinical practice opportunities should occur in athletic training clinical experiences with real clients/patients in settings where athletic trainers commonly practice. When this is not possible, the program may use simulation to meet portions of this standard. Students must have adequate real client/patient interactions (athletic training clinical experiences) to prepare them for contemporary clinical practice with a variety of patient populations.
- Note: Patient interactions in supplemental clinical experiences cannot be used to meet this standard.

Standard 17 – Varied Patient Populations

- How to Address This Standard
  - Describe how the program’s clinical education component is designed to include clinical practice opportunities with varied client/patient populations, and how the program ensures that each student obtains these experiences.
  - Describe how the program determines that students have adequate real client/patient interactions to prepare them for contemporary clinical practice with a variety of patient populations.
  - If applicable, describe how and why the program utilizes simulation or other patient-based education opportunities to meet portions of this standard.

- Uploads
  - Individual Student Clinical Assignment Table

Individual Student Clinical Assignment Table (Standard 17)
Contemporary Expertise

- Standard 37
- Standard 39
- Standard 42
- Standard 45

- Knowledge and training of current concepts and best practices in routine areas of athletic training, which can include prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement.

- An individual’s role within the athletic training program should be directly related to the person’s contemporary expertise.

Contemporary Expertise

- Achieved through mechanisms such as:
  - advanced education,
  - clinical practice experiences,
  - clinical research,
  - other forms of scholarship,
  - and continuing education.

- It may include specialization in one or more of the identified areas of athletic training practice.

- Program should determine activities and areas
  - Commission has been asked about timeline for activities (currently no timeline identified, will discuss and report back if updates)

Contemporary Expertise Table
(Standard 37, 39, 42, 45)
Students must gain foundational knowledge in statistics, research design, epidemiology, pathophysiology, biomechanics and pathomechanics, exercise physiology, nutrition, human anatomy, pharmacology, public health, and health care delivery and payor systems.

• Annotation
  - Foundational knowledge areas can be incorporated as prerequisite coursework, as a component of the professional program, or both.

How to Address This Standard
• Describe how the program incorporates each of the foundational knowledge areas.
  - If foundational knowledge is incorporated as prerequisite coursework, describe how the program determines that the content is sufficient for entry into the program.

Uploads
• Table of Courses that have foundational knowledge and criteria to determine successful completion of courses
• Curricular course sequence
• Course syllabi for all courses in the professional program that incorporate foundational knowledge areas
Foundational Knowledge Course Table
(Standard 55)

Curricular Content Standards 56-94

- The professional program content will prepare the graduate to do the following:
  - How to Address This Standard
    - Describe the learning experiences (didactic and athletic training clinical experience) associated with this standard and how student performance is assessed.
    - Provide examples (didactic and athletic training clinical experience) of outcome data used to verify an acceptable level of student performance.
  - Uploads
    - Syllabus (or syllabi); highlight the course objective(s) and/or the daily/weekly schedule associated with this standard
    - Assessment tool(s) that verifies that students are prepared to practice in this content area

Curricular Content Standards 56-94

- Also required of undergraduate programs as of July 1, 2020
  - There is an expectation for rolling implementation of these Standards within programs, meaning that full implementation is expected for any cohorts enrolled after July 1, 2020, but that previously admitted cohort(s) should experience adjusted curricula in the applicable courses remaining in their plan of study.
  - For example, if a Site Visit were to occur in the Fall of 2020, the senior cohort must be learning curricular content within their current courses, but the program would not be expected to retroactively teach curricular content Standards for material in courses that those students have already taken and passed.
Updates to 2020 Standards

- Living Document
- eBlast with updates in July
  - Watch your email
  - Also will be posted on website

Post-Professional Degree

Masters & Doctorate (DAT)

Post-Professional Degree Ad Hoc Committee

- Charge is to provide bulleted recommendations surrounding the post-professional degree space. This includes degrees at both the masters and doctoral level, related to viability, longevity, and key indicators of quality assurance related to the accreditation process of post-professional degree programs.

- Submitted Report this week – will be forwarding to the Commission
  - More information coming
The Residency Committee is responsible for the identification, recommendation, and support of residency activities by CAATE. This includes the evaluation, development, and progression of the Residency Standards to ensure quality athletic training education.

- Standard revision started
  - Anticipate open comment summer 2020
Call Commissioners

- Forrest Pecha elected by Programs
  - eBlast went out Friday
- Clinician Call Applications – Open Now
- Professional Program Call – Late Summer/Early Fall
- Public Member - Late Summer/Early Fall

CAATE Talks

- District Talks (SWATA)
- 2019 Accreditation Conference
  - October 11-12, 2019
  - Atlanta, GA

Site-Visitor Training

- Updated training required for ALL Site Visitors
  - New & Seasoned Site Visitors on 2020 Standards
- New training and implementation fall 2019
  - Hybrid: online & in-person training