



CAATE

Commission on Accreditation
of Athletic Training Education

Contemporary Expertise

Written by the Standards Committee

To understand the addition of the terminology “contemporary expertise” one must understand the spirit of revisions made to the CAATE 2020 Professional Standards. Standards #1 and #2 serve as the lynchpin standards whereby a program describes its mission and its associated framework. More specifically, the framework “describes how the program is designed to achieve its mission and that guides program design, delivery, and assessment”. Core faculty members collectively develop, implement, and evaluate the framework, which initiates a series of key decisions that a program must make in order to achieve its mission. These include decisions made by and about the program faculty and preceptors that educate students within a program. Contemporary expertise is one of several qualifications that the program director, coordinator of clinical education, core faculty, and preceptors will need to demonstrate.

The addition of the terminology “contemporary expertise” provides the program an opportunity to assess the rationale for didactic and clinical teaching choices. Educators provide content knowledge and models of expert thinking, which are both critical for a student’s development from novice to competent, entry-level practitioner. Therefore, faculty and preceptor educators should strive to have contemporary expertise within one or more of the routine areas of athletic training related to their teaching and/or clinical practice duties. Demonstration of contemporary expertise by faculty and preceptors ensures that personnel are qualified to teach specific content within the program, and that such content represents contemporary knowledge and best practices. To do this, program faculty and preceptors will need to self-assess and plan for opportunities that aid in the formation of expertise that is reflective of current, best practice. Contemporary expertise should not be conflated with the connotation associated with the term “expert”, which reflects a level of attainment that is typically reserved for only a few in a field. Rather, the definition of contemporary expertise has **developmental and aspirational undertones**, which means that the choices made by faculty and/or preceptors should be personal and done in the spirit of pursuing professional excellence. It is also important to note that years of experience in the field or teaching does not alone constitute expertise. Rather, the development of contemporary expertise occurs through specialty-specific, deliberate “practice”. In this case, “practice” can be described as a goal driven, intentional time spent within a subject matter.

The term “contemporary expertise” is used in Standards 37, 39, 42, and 45 of the CAATE’s 2020 Professional Standards and is defined below:

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

Both core faculty members and preceptors within a professional program must be able to define an area of contemporary expertise. Potential areas of contemporary expertise are provided within the definition,

which includes a list of the CAATE approved residency specialty areas (e.g., prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement). However, the area of contemporary expertise identified by the faculty member or preceptor should be related to the person's role in the program. Additionally, a faculty member or preceptor may have multiple areas of contemporary expertise. For example, a faculty member who teaches an orthopaedic evaluation and intervention class may choose to identify orthopaedics and rehabilitation as areas of contemporary expertise. The contemporary expertise definition also identifies the potential mechanisms by which contemporary expertise may be achieved (e.g., advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education). Other mechanisms to attain contemporary expertise may also be used. A program will have the opportunity to describe the contemporary expertise area for each core faculty member and preceptors within the narrative for each of the relevant standard. Within the narrative, the program can describe how the person's role within the program shaped the development of a defined area of contemporary expertise. It is incumbent upon the respective faculty member and/or preceptor to keep a record of activities in order to demonstrate contemporary expertise. For example, core faculty/preceptors may use the same mechanism to track contemporary expertise activities as they do to track CEs for BOC credential maintenance. Furthermore, each of the standards (37, 39, 42 and 45) has a Contemporary Expertise Table where a core faculty member/preceptor may document his/her contemporary expertise activities. Below is a snapshot of the example provided within the Contemporary Expertise Table found on the CAATE website.

Name	Mary Smith, PhD, ATC, LAT		
Role in the Program (faculty, preceptor, etc.)	Program Director	Academic Year	2019-2020

Definition of Contemporary Expertise: 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, orthopaedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Contemporary expertise is 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. An individual’s role within the athletic training program should be directly related to the person’s contemporary expertise.

Indicate Area of Athletic Training of Expertise		Orthopaedics and Rehabilitation
Date of Activity	Activity Category (select from the drop down menu)	Describe in detail the nature of the activity and how it contributes to their area of expertise (e.g. if a specific course/CEU activity: provide the specific details (name of course, presenter(s) and location))
March 1, 2014	Training/Course/CEU activity	Musculoskeletal Pain and Dysfunction, Washington DC, John Smith, PhD was presenter
June 24, 2015	Training/Course/CEU activity	Lower Extremity Rehab, 2015 NATA Symposium, Jane Smith, MS, ATC
August 2005-current	Clinical Practice Area	Head Athletic Trainer, Smithville University, Volleyball, Softball
December 1, 2018	Research Area	Published Article: John Jones, Sam Smith, Lucy Anderson, and Kelly Larsen (2018). Shoulder Range of Motion and Volleyball Injuries. Journal of XX: December 2018, Vol. xx, No. xx, pp. XX.

Peer healthcare profession accreditation standards including those for the American Speech-Language-Hearing Association (ASHA), Commission on Accreditation in Physical Therapy Education (CAAPTE), Accreditation Council for Occupational Therapy Education (ACOTE), and Commission on Collegiate Nursing Education (CCNE) currently use the word “expertise” in reference to faculty and preceptor credentials. Some professional standards documents (ex CAPTE) define contemporary expertise and have outlined the mechanisms by which contemporary expertise may be demonstrated. However, no other peer profession provides any specific minimum criteria for meeting the contemporary expertise definition. Similarly, no specific benchmarks were provided in the 2020 CAATE Professional Standards.

This was done purposefully to provide flexibility and institutional autonomy. This will allow each faculty member or preceptor to identify the professional development mechanisms that are authentic to their teaching and/or clinical practice. Moreover, a program's self-study allows each program the opportunity to describe how teaching and learning choices were made and how a program defines their internal metric for assessing the quality of core faculty and preceptor contemporary expertise.

There are a number of metrics that a program may use to assess the contemporary expertise of core faculty and preceptors. Three potential metrics include the quantity of activities, quality of activities and timeliness of the activities. Quantity of activities may be influenced by the quality of the activities and vice-versa. For example, the completion of a CAATE accredited residency is a very high-quality activity that can stand alone as an indicator of contemporary expertise. However, a preceptor that identifies orthopaedics as an area of contemporary expertise can also demonstrate contemporary expertise by consistently completing CE activities that have a targeted focus on assessment and management of orthopaedic conditions. Timeliness refers to the timeframe in which the professional development activities occurred and can be used as a mechanism to ensure knowledge of current, best practices in an area of contemporary expertise. At a minimum, contemporary expertise must be identified in a routine area of athletic training and must be beyond that obtained in a current, professional athletic training program. The evidence provided for each core faculty/preceptor will depend on the types of activities chosen by each person. However, a general rule should be that activities completed to attain/maintain contemporary expertise should be completed within a 3-5-year window in order to reflect current, best practice.