CAATE

SUBSTANTIVE CHANGE: PRGORAM TRANSITION FROM RESIDENCY TO FEELOWSHIP OR FELLOWSHIP TO RESIDENCY
MINI SELF-STUDY STANDARDS REQUIREMENTS

Standard Number	Standards for Accreditation of Athletic Training Residency Programs	Standards for Accreditation of Athletic Training Fellowship Programs
SECTION I: PROGRAM DESIGN AND QUALITY		
2	**The program has developed, implemented, and evaluated a framework that describes how the program is designed to achieve its mission and that guides program design, delivery, and assessment.** *Annotation: This written framework describes essential program elements and how they're connected; these elements include core principles of the program, strategic planning, goals and expected outcomes, curricular design (both didactic and clinical planning and sequencing), and the comprehensive assessment plan. The framework is evaluated and refined on an ongoing basis.* *The framework includes program-specific and resident specific outcomes that are defined by the program; these outcomes include measures of resident learning, quality of instruction, quality of clinical development, and overall program effectiveness. Programs must minimally incorporate the learner achievement measures identified in Standard 5 as outcomes. Improvement plans must include targeted goals and specific action plans for the communication and implementation of the program.*	**The program has developed, implemented, and evaluated a framework that describes how the program is designed to achieve its mission and that guides program design, delivery, and assessment.** *Annotation: This written framework describes essential program elements and how they're connected; these elements include core principles of the program, strategic planning, goals and expected outcomes, curricular design (both didactic and clinical planning and sequencing), and the comprehensive assessment plan. The framework is evaluated and refined on an ongoing basis.* *The framework includes program-specific and fellow specific outcomes that are defined by the program; these outcomes include measures of fellow learning, quality of instruction, quality of clinical development, and overall program effectiveness. Programs must minimally incorporate the learner achievement measures identified in Standard 5 as outcomes. Improvement plans must include targeted goals and specific action plans for the communication and implementation of the program.*

	How to Address This Standard • Describe how the specialty area was identified • Describe how the development of the program's framework is designed to meet its mission and other essential program elements • Describe how the program has implemented the framework • Describe how the program has evaluated and refined the framework on an ongoing basis. Provide a specific example of how the program used this process to improve the program Uploads • The program's framework (optional supporting documents to narrative) Comprehensive assessment plan	How to Address This Standard • Describe how the subspecialty area was identified • Describe how the development of the program's framework is designed to meet its mission and other essential program elements • Describe how the program has implemented the framework • Describe how the program has evaluated and refined the framework on an ongoing basis. Provide a specific example of how the program used this process to improve the program Uploads • The program's framework (optional supporting documents to narrative) Comprehensive assessment plan

| 4 | **Programs must use appropriate assessments to measure a resident's progression towards advanced clinical practice.**

Annotation: Programs must measure and assess acquisition of competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents from the beginning of their education through completion of their respective programs to the advanced practice of their specialties. Programs must also measure themselves, to include program personnel and sites where residents practice clinically.

How to Address This Standard
• Describe the tool(s) used to measure competency which is linked back to programmatic outcomes within the comprehensive assessment plan
• Describe what tools residents use to assess quality of instruction, program effectiveness, program personnel and clinical sites and link this back to programmatic outcomes and the comprehensive assessment plan

Uploads
• Examples of assessment tools that measure resident learning, quality of instruction, quality of clinical development, and overall program effectiveness | **Programs must use appropriate assessments to measure a fellow's progression towards advanced clinical practice.**

Annotation: Programs must measure and assess acquisition of competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by fellows from the beginning of their education through completion of their respective programs to the advanced practice of their specialties. Programs must also measure themselves, to include program personnel and sites where fellows practice clinically.

How to Address This Standard
• Describe the tool(s) used to measure competency which is linked back to programmatic outcomes within the comprehensive assessment plan
• Describe what tools fellows use to assess quality of instruction, program effectiveness, program personnel and clinical sites and link this back to programmatic outcomes and the comprehensive assessment plan

Uploads
• Examples of assessment tools that measure fellow learning, quality of instruction, quality of clinical development, and overall program effectiveness |

SECTION II: PROGRAM DELIVERY

10	The program ensures well rounded and comprehensive **clinical practice** experiences that expose the residents to the full spectrum of the **specialty area**.	The program ensures well rounded and comprehensive **clinical practice** experiences that expose the fellows to the full spectrum of the **subspecialty area**.
	Annotation: The program is designed to provide a full-time practice experience in the specialty area. The full-time practice experience must occur over at least 12 months, with a minimum of 1664 hours of clinical practice within the specialty area, 500 hours must be mentored. An additional 260 hours of didactic work is required during the duration of the program. The experiences should be planned, ongoing and consistent per the identified area of specialization of the resident and should intentionally expose the resident to a diverse spectrum of the specialty area.	*Annotation: The program is designed to provide a full-time practice experience in the subspecialty area. The full-time practice experience must occur over atleast 12 months, with a minimum of 1664 of clinical practice within the subspecialty area, 500 hours must be mentored. An additional 260 hours of didactic work is required during the duration of the program. The experiences should be planned, ongoing and consistent per the identified area of sub-specialization of the fellow and should intentionally expose the fellow to a diverse spectrum of the subspecialty area.*
	How to Address This Standard • Narrative describing breadth of experiences provided to the resident and how they are engaged in the specialty area throughout the duration of the program.	How to Address This Standard • Narrative describing breadth of experiences provided to the fellow and how they are engaged in the specialty area throughout the duration of the program.
	Uploads • Clinical progression plan • Program sequencing (provide breakdown of hours for time spent clinically in specialty area, mentored time in specialty area, and time spent completing didactic work)	Uploads • Clinical progression plan • Program sequencing (provide breakdown of hours for time spent clinically in subspecialty area, mentored time in subspecialty area, and time spent completing didactic work)
	Annotation: Removed "(80% of 40 clinical hours minimum per week)…(30% of 1164 clinical specialty area hours) of that time being must being…(5 hours average per week) which is in addition to the minimum of 40 clinical hours per week."	*Annotation: Removed "(80% of 40 clinical hours minimum per week)…(30% of 1164 clinical subspecialty area hours) of that time being must being…(5 hours average per week) which is in addition to the minimum of 40 clinical hours per week."*

12	**The program ensures a well-rounded and comprehensive didactic curriculum that actively engages the residents to the full spectrum of the specialty area and the ACGME Core Competencies.**
	
	Annotation: The program is designed to provide a progressive yearly minimum of 260 hours of didactic curriculum that is planned, ongoing and consistent per the identified area of specialization of the residency. The didactic curriculum must use multimodal learning strategies, engage the resident across the diverse spectrum of the specialty area and must impact clinical practice.
	
	How to Address This Standard
	  • Narrative describing how the didactic curriculum impacts clinical practice and relates back to patient care
	
	Uploads
	  • Curriculum plan
		The program ensures a well-rounded and comprehensive didactic curriculum that actively engages the fellows to the full spectrum of the subspecialty area and the ACGME Core Competencies.
		
		Annotation: The program is designed to provide a progressive yearly minimum of 260 hours of didactic curriculum that is planned, ongoing and consistent per the identified area of sub- specialization of the fellowship. The didactic curriculum must use multimodal learning strategies, engage the fellow across the diverse spectrum of the subspecialty area and must impact clinical practice.
		
		How to Address This Standard
		  • Narrative describing how the didactic curriculum impacts clinical practice and relates back to patient care
		
		Uploads
		  • Curriculum plan

13	**The program must provide a defined and planned scholarship experience within the specialty area and the ACGME Core Competencies.** *Annotation: The program must ensure an intentional plan for each resident is implemented that relates back to patient care within the specialty area and the core competencies, resulting in dissemination.*	**The program must provide a defined and planned scholarship experience within the subspecialty area and the ACGME Core Competencies.** *Annotation: The program must ensure an intentional plan for each fellow is implemented that relates back to patient care within the subspecialty area and the core competencies, resulting in dissemination.*

	How to Address This Standard • Narrative describing overall scholarly plan for resident linked to specialty area that includes all components of the ACGME Core Competencies. **Uploads** • Evidence of demonstration of scholarship • Evidence of dissemination of scholarship	**How to Address This Standard** • Narrative describing overall scholarly plan for fellow linked to subspecialty area that includes all components of the ACGME Core Competencies. **Uploads** • Evidence of demonstration of scholarship • Evidence of dissemination of scholarship
SECTION III: INSTITUTIONAL ORGANIZATION AND ADMINISTRATION		
15	**The program must be identified as an athletic training residency in a specialty area in all organizational publications.** How to Address This Standard • Describe how the program is listed as an athletic training residency in a specialty area within all organizational publications Uploads • Official organization document verifying the program is listed as an athletic training residency in a specialty area • Official completion certificate verifying the program is listed as an athletic training residency in a specialty area • URL or webpages verifying the program is listed as an athletic training residency in a specialty area • Promotional materials verifying the program is listed as an athletic training residency in a specialty area	**The program must be identified as an athletic training fellowship in a subspecialty area in all organizational publications.** How to Address This Standard • Describe how the program is listed as an athletic training fellowship in a subspecialty area within all organizational publications Uploads • Official organization document verifying the program is listed as an athletic training fellowship in a subspecialty area • Official completion certificate verifying the program is listed as an athletic training fellowship in a subspecialty area • URL or webpages verifying the program is listed as an athletic training fellowship in a subspecialty area • Promotional materials verifying the program is listed as an athletic training fellowship in a subspecialty area
16	**There is an organizational structure with leadership and administrative personnel to support the operations of the program.** *Annotation: The intent of this standard is to ensure the operations for the residency program include operational resources,*	**There is an organizational structure with leadership and administrative personnel to support the operations of the program.** *Annotation: The intent of this standard is to ensure the operations for the fellowship program include operational resources,*

	legitimized practice settings, and organizational structure. How to Address This Standard • A mechanism exists for a clearly defined reporting structure. Describe the organizational structure and how that structure is conducive to the program meeting the stated mission, goals, and expected program outcomes. • If outside funding is used, the program should provide procedures governing how the additional available funding is utilized to support the operations of the program. Uploads • Organizational structure • Budget Table (for operational resources) • External accrediting agency verification	*legitimized practice settings, and organizational structure.* How to Address This Standard • A mechanism exists for a clearly defined reporting structure. Describe the organizational structure and how that structure is conducive to the program meeting the stated mission, goals, and expected program outcomes. • If outside funding is used, the program should provide procedures governing how the additional available funding is utilized to support the operations of the program. Uploads • Organizational structure • Budget Table (for operational resources) • External accrediting agency verification

18	The program director is a full-time employee of the **sponsoring organization**. The program director's experience and qualifications must include the following: • An earned post-baccalaureate degree • **Content expertise** in the **specialty area** • Certification and in good standing with the Board of Certification • Current state athletic training credential and in good standing with the state regulatory agency in the state in which the program is housed (in states with regulation) • Verified NPI number with appropriate healthcare field designation • Engages in **scholarship** • Currently practicing clinically within the **specialty area** • Must be active at local, state, regional, and/or national levels *Annotation: The program director is engaged clinically a minimum 8 hours/week in the specialty area.* <u>How to Address This Standard</u> • Demonstrate that the program director is engaged clinically a minimum of 8 hours per week in the specialty area • Demonstrate knowledge, skills, attitudes, and abilities within the specialty area <u>Uploads</u> • Evidence of content expertise (table, professional portfolio, or similar document) • Evidence of scholarship engagement	The program director is a full-time employee of the **sponsoring organization**. The program director's experience and qualifications must include the following: • An earned post-baccalaureate degree • **Content expertise** in the **subspecialty area** • Certification and in good standing with the Board of Certification • Current state athletic training credential and in good standing with the state regulatory agency in the state in which the program is housed (in states with regulation) • Verified NPI number with appropriate healthcare field designation • Engages in **scholarship** • Currently practicing clinically within the **subspecialty area** • Must be active at local, state, regional, and/or national levels *Annotation: The program director is engaged clinically a minimum 8 hours/week in the subspecialty area.* <u>How to Address This Standard</u> • Demonstrate that the program director is engaged clinically a minimum of 8 hours per week in the subspecialty area • Demonstrate knowledge, skills, attitudes, and abilities within the subspecialty area <u>Uploads</u> • Evidence of content expertise (table, professional portfolio, or similar document) • Evidence of scholarship engagement
19	There is a single program director with the authority and accountability for the operations of the program. The program director has adequate **protected time** to oversee and advance the residency program, with consideration given to the size and complexity of the program. This includes the following responsibilities: • Program planning and operation, including	There is a single program director with the authority and accountability for the operations of the program. The program director has adequate **protected time** to oversee and advance the residency program, with consideration given to the size and complexity of the program. This includes the following responsibilities: • Program planning and operation, including

development of the framework
- **Program evaluation**
- **Oversight of the quality of clinical and didactic education**
- **Maintenance of accreditation**
- **Input into budget management**
- **Input on the selection, evaluation and development of program personnel**
- **Input on the selection, evaluation and mentorship of residents**
- **Mentorship of the program personnel as they interact with the resident**
- **Oversight of resident clinical progression**
- **Conducts essential orientation activities**

Annotation: *The program director must be provided with support and time adequate for administration of the program based upon its size and configuration.*

How to Address This Standard
- Describe the program director's role with regard to the responsibilities outlined above
- Provide a narrative describing how the program director has clear protected time to run all components of the program as defined in their responsibilities
- Describe the process used to arrive at the assigned load for the program director

Uploads
- The program director's job description; *please delete all personal information (for example, salary, social security number) from the document*
- Workload Table

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development of the framework
- **Program evaluation**
- **Oversight of the quality of clinical and didactic education**
- **Maintenance of accreditation**
- **Input into budget management**
- **Input on the selection, evaluation and development of program personnel**
- **Input on the selection, evaluation and mentorship of fellows**
- **Mentorship of the program personnel as they interact with the fellow**
- **Oversight of fellow clinical progression**
- **Conducts essential orientation activities**

Annotation: *The program director must be provided with support and time adequate for administration of the program based upon its size and configuration.*

How to Address This Standard
- Describe the program director's role with regard to the responsibilities outlined above
- Provide a narrative describing how the program director has clear protected time to run all components of the program as defined in their responsibilities
- Describe the process used to arrive at the assigned load for the program director

Uploads
- The program director's job description; *please delete all personal information (for example, salary, social security number) from the document*
- Workload Table

21	The **core faculty** experience and qualifications must include the following: • **An earned post-baccalaureate degree** • **Content expertise in the specialty area** • **Certification and in good standing with the Board of Certification** • **Current state credential and in good standing with the state regulatory agency in the state in which the program is housed (in states with regulation** • **Verified NPI number with appropriate healthcare field designation** • **Engages in scholarship** • **Currently practicing clinically in the specialty area** • **Active at local, state, regional, and/or national levels** • **Conducts essential orientation activities** How to Address This Standard • N/A Uploads • Evidence of content expertise (table, professional portfolio, or similar document) • Evidence of scholarship engagement	The **core faculty** experience and qualifications must include the following: • **An earned post-baccalaureate degree** • **Content expertise in the subspecialty area** • **Certification and in good standing with the Board of Certification** • **Current state credential and in good standing with the state regulatory agency in the state in which the program is housed (in states with regulation** • **Verified NPI number with appropriate healthcare field designation** • **Engages in scholarship** • **Currently practicing clinically in the subspecialty area** • **Active at local, state, regional, and/or national levels** • **Conducts essential orientation activities** How to Address This Standard • N/A Uploads • Evidence of content expertise (table, professional portfolio, or similar document) • Evidence of scholarship engagement
23	The **affiliate faculty** must have appropriate qualifications in their field in order to contribute to the development of the resident. *Annotation: Describe how those qualifications are related to their role in the program.* How to Address This Standard • Describe content expertise of the affiliate faculty and their role in the program Uploads • Evidence of content expertise (table, professional portfolio, or similar document)	The **affiliate faculty** must have appropriate qualifications in their field in order to contribute to the development of the fellow. *Annotation: Describe how those qualifications are related to their role in the program.* How to Address This Standard • Describe content expertise of the affiliate faculty and their role in the program Uploads • Evidence of content expertise (table, professional portfolio, or similar document)

39	Residents must demonstrate an increase in depth and breadth of knowledge, skills, behaviors and abilities across the specialty area.	Fellows must demonstrate an increase in depth and breadth of knowledge, skills, behaviors and abilities across the subspecialty area.
	Annotation: The program must use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff). Must be interwoven across clinical, didactic, and scholarship within the specialty area. Must document progressive resident performance improvement in the specialty area. The outcomes of these assessments must be formally shared with all associated program personnel.	*Annotation: The program must use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff). Must be interwoven across clinical, didactic, and scholarship within the subspecialty area. Must document progressive fellow performance improvement in the subspecialty area. The outcomes of these assessments must be formally shared with all associated program personnel.*
	How to Address This Standard • Describe the learning experiences associated with this standard and how resident performance and individual progression is assessed • Describe how informal and formal feedback occurs related to the specialty area throughout the experience • Describe how summative/formative tools are used to assess increased depth and breadth in the specialty area and to enhance individualized plans for the resident	How to Address This Standard • Describe the learning experiences associated with this standard and how fellow performance and individual progression is assessed • Describe how informal and formal feedback occurs related to the subspecialty area throughout the experience • Describe how summative/formative tools are used to assess increased depth and breadth in the subspecialty area and to enhance individualized plans for the fellow
	Uploads • Provide examples of outcomes data used to verify an acceptable level of performance in the specialty area (examples: professional portfolio, case logs, diagnostic accuracy data)	Uploads • Provide examples of outcomes data used to verify an acceptable level of performance in the subspecialty area (examples: professional portfolio, case logs, diagnostic accuracy data)

| 40 | **Residency programs must identify curricular content to be taught within the specialty area through a strategic and deliberate process.**

Annotation: A BOC practice analysis should be incorporated into the program's assessment for determining the appropriate curricular content, where one exits. If a practice analysis does not currently exist for the specialty area of the program, a clear process with support should occur in order to define what will be taught and how that will be linked to programmatic outcomes.

How to Address This Standard
• Narrative describing the process of how the program determined the appropriate curricular content to include in order to meet the objectives of the specialty
• Identify the resources used to determine the content to be taught. This may include, but is not limited to, BOC practice analyses, program consortium or think tanks, milestones for matched physician specialty area, and other pertinent literature. | **Fellowship programs must identify curricular content to be taught within the subspecialty area through a strategic and deliberate process.**

Annotation: A BOC practice analysis should be incorporated into the program's assessment for determining the appropriate curricular content, where one exits. If a practice analysis does not currently exist for the subspecialty area of the program, a clear process with support should occur in order to define what will be taught and how that will be linked to programmatic outcomes.

How to Address This Standard
• Narrative describing the process of how the program determined the appropriate curricular content to include in order to meet the objectives of the subspecialty
• Identify the resources used to determine the content to be taught. This may include, but is not limited to, BOC practice analyses, program consortium or think tanks, milestones for matched physician subspecialty area, other and pertinent literature. |