

# *Joint Review Committee on Athletic Training Education*

**2005 Update**

**Volume 4: Issue 3**

*This document provides the most current information and interpretation(s) of CAAHEP Standards and JRC-AT policies and procedures and herein replace any past interpretations or policy(ies)/procedure(s).*

## **Joint Review Committee Update**

- + During the July 2005 JRC-AT meeting, the Committee acted on the accreditation status of 110 different athletic training education programs, twenty-nine more programs than were reviewed during the February meeting. The results of that meeting included 13 programs were recommended to CAAHEP for initial accreditation, 33 were recommended for continuing accreditation recommendations, and the remainder of the programs reviewed were recommended for other accreditation actions (e.g. acceptance of progress reports, probation).**
  
- + The JRC-AT will meet again during the third weekend of November for a strategic planning session and again February 3<sup>rd</sup> – 4<sup>th</sup> to vote on accreditation actions from the Fall 2005 site visits, as well as the progress report requests from past accreditation actions. The JRC-AT is expected to review 14 different athletic training education programs during the February meeting. CAAHEP will act on the JRC-AT accreditation recommendations from the January meeting in March 2006.**
  
- + The 2005 *Standards for the Accreditation of Entry-level Athletic Training Education Programs* (2005 Standards) have been endorsed by all four of the sponsoring agencies of the JRC-AT - American Academy of Family Physicians, American Academy of Pediatrics, and the American Orthopedic Society for Sports Medicine and the National Athletic Trainers' Association. The 2005 Standards are now available on the JRC-AT website ([www.jrc-at.org](http://www.jrc-at.org)). All accredited programs and those seeking accreditation services will be required to be in compliance with the 2005 Standards after July 2006.**
  
- + The Self-Study materials for the 2005 Standards have been finalized and now are available on the JRC-AT website. These self-study materials should be used for those academic programs seeking accreditation services after July 2006. For those ATEPs downloading these requirements before September 1<sup>st</sup>, Table G1 requested information on the location of HIPAA training documents in student records. This criterion was incorrectly included in the original document and now has been removed from Table G1. Further, directions have been added to Table B2.2 to clarify the time reference for the data to be included on that form. The revised Tables B2.2 and G1 are now available on the JRC-AT website.**

+ **All site visits held in 2005-2006 will be conducted utilizing the 2001 Standards.** Programs visited during Fall 2005 will be reviewed in January 2006 and accredited by CAAHEP in Spring 2006. Programs visited in Spring 2006 will be reviewed using the CAAHEP Standards (2001); however, those programs will be accredited in July by CAATE (Commission on the Accreditation of Athletic Training Education Programs). **All other CAAHEP-accredited Athletic Training Education Programs will be transitioned automatically to CAATE accreditation in July 2006;** programs will receive new CAATE-accreditation certificates at that time. Time limits of accreditation cycles will remain unchanged from those determined previously by CAAHEP.

+ **Responsibility and Ownership of Educational Documents:**

- ▶ **JRC-AT/CAAHEP: Standards and Guidelines for the Athletic Trainer (2001 Standards)**
- ▶ **CAATE: Standards for the Accreditation of Entry-level Athletic Training Education Programs (2005 Standards)**
- ▶ **NATA: NATA Athletic Training Educational Competencies**
- ▶ **BOC: Role Delineation Study**

## **Important Updates for Administrators and Program Directors:**

1. **As noted in Section III of the 2001 Standards and Guidelines, it is the institution's responsibility to notify the JRC-AT of any changes in the administration of the program.** These procedures are now available on the JRC-AT website. Documents of qualification cannot be transferred from one institution's records to another; therefore, regardless of a program director's former status, new documents must be filed with the JRC-AT office when moving to a new institution.
2. **Beginning with the 2006-2007 site visit applications, a \$500 accreditation application fee will be required of both initial and continuing programs beginning with the 2006-2007 site visit applications.** In 2006-2007, the fees currently paid in two separate installments to the JRC-AT and CAAHEP in February and June, respectively, will be billed in one combined fee to CAATE in February 2007. For more information on accreditation fees, check out the link on the JRC-AT website for Athletic Training Accreditation Fees.
3. **All official communications with the JRC-AT and Committee members should be made through the JRC-AT office.** Due to the volume of communication and the growth in the number of accredited programs, responses will be provided in the most timely manner possible. Please remember that the members of the JRC-AT are volunteers who have the same responsibilities as program directors, clinicians, and administrators as do those we serve. The official contact information is

JRC-AT  
P.O. Box 460939  
Centennial, CO 80046-0939  
(303)627-6229  
Fax: (303)632-5915  
[dlcaruthers@comcast.net](mailto:dlcaruthers@comcast.net)  
[www.jrc-at.org](http://www.jrc-at.org)

Dr. Paula Turocy, Chair of the JRC-AT, email address is [atheducation@duq.edu](mailto:atheducation@duq.edu).

5. As per the JRC-AT Strategic Plan, approximately 630 institution Deans and Department Chairs, were surveyed during the month of June on the same quality assurance topics as were the Program Directors earlier in this academic year. The response rate to the survey was 18%, with many institutions sending a collective singular response and other sending more than one; the results of that survey are included on the table below. This information will be used by the JRC-AT as part of its strategic planning process to improve the quality of the accreditation services it offers. Thank you to all administrators who participated in this very important process.

#### Administrator Quality Assurance Survey – Goals of Accreditation Results

*1= Not effective in Achieving, 3= Effective in Achieving, 5= Highly Effective in Achieving*

|  | n   | Minimum Score | Maximum Score | Mean   | Std. Deviation |
|--|-----|---------------|---------------|--------|----------------|
| Goal 1: Accreditation defined and consistent           | 109 | 2.00          | 5.00          | 3.8257 | ±.90107        |
| Goal 2: Accreditation free of bias                     | 107 | 1.00          | 5.00          | 3.5888 | ±1.14886       |
| Goal 3: Accreditation respects institutional autonomy  | 108 | 1.00          | 5.00          | 3.5370 | ±1.11427       |
| Goal 4: Written materials appropriate                  | 107 | 1.00          | 5.00          | 3.9813 | ±.85761        |
| Goal 5: SV review process appropriate                  | 106 | 1.00          | 5.00          | 4.0472 | ±.88782        |
| Goal 6: Accurate documentation compliance              | 107 | 2.00          | 5.00          | 3.9720 | ±.92612        |
| Goal 7: Standards applied in unbiased manner           | 105 | 1.00          | 5.00          | 3.6381 | ±1.19393       |
| Goal 8: Cost reimbursement process accurate            | 106 | 2.00          | 5.00          | 4.1509 | ±.80229        |
| Goal 9: Policies and procedures described accurately   | 103 | 2.00          | 5.00          | 4.1748 | ±.86803        |
| Goal 10: Accreditation decision defined and consistent | 101 | 1.00          | 5.00          | 3.8218 | ±1.02368       |
| Goal 11: Accreditation decision unbiased               | 100 | 1.00          | 5.00          | 3.6800 | ±1.17103       |
| Goal 12: Appeal process defined                        | 99  | 1.00          | 5.00          | 4.2323 | ±.85510        |
| Goal 13: Grievance process defined                     | 99  | 1.00          | 5.00          | 4.2323 | ±.85510        |

#### Other Accrediting Agencies with whom Administrators Work/Have Worked

| AACSB | NAACLS | CACREP | NASD | ABET | CAHME | ABHES | NLNAC | ACOTE | CAPTE | ACR-PA | NCATE | CAAHEP |
|-------|--------|--------|------|------|-------|-------|-------|-------|-------|--------|-------|--------|
| 12.6% | 6.3%   | 13.5%  | 5.4% | 7.2% | 5.4%  | .9%   | 20.7% | 12.6% | 17.1% | 4.5%   | 66.7% | 75.7%  |

*\*\* A blank copy of this evaluation tool is available on the JRC-AT website.*

#### JRC-AT Site Visit and Site Visitor Update

1. Upon completion of accreditation actions, an ATEP may receive letters of request for progress reports from both the JRC-AT and CAAHEP or just CAAHEP. All progress report materials should be sent to the JRC-AT office, regardless of whether it was requested by CAAHEP or the JRC-AT.

- ▶ If a program is found to be in non-compliance with a Standard following an accreditation review, then the program will be asked to respond to CAAHEP via a progress report, submitted to the JRC-AT Office, by a specified date.
- ▶ If a program is found to be in compliance with a Standard, but there still is need for clarification or evidence of completion of a process described in a rejoinder, then the ATEP will receive a letter of accreditation from CAAHEP and a request for progress report by the JRC-AT.

2. Upon submission of accreditation materials to the JRC-AT for review, **all copies of programmatic materials become the property of the JRC-AT**. All programmatic material utilized by site visitors and JRC-AT committee members will be destroyed upon completion of the accreditation process. For those programs continuing in the accreditation process, only the office copy of the self-study and rejoinder will be maintained in the JRC-AT office until such time as the program participates in another comprehensive review.
3. The JRC-AT has created **formatting requirements to assist the Committee in reviewing the growing number of programmatic documents submitted**. While it may appear that the JRC-AT is being excessively prescriptive in these requests, the formatting requirements (e.g. font  $\geq 10$  pt) have been developed to assure that all ATEPs may be reviewed with uniform levels of analysis and discovery. For example, the response to site visit report (Rejoinder) format assists the JRC-AT in identifying the reasons for the cited non-compliance and how the ATEP has addressed the issue, as well as the evidence provided to support those changes.
4. While this is not a requirement, **the JRC-AT recommends that all ATEP policies that have potential for adverse legal outcomes or add increased liability for programmatic requirements be reviewed by institutional legal council or risk management officers**.
5. Please note the change interpretation provided in the section below regarding the requirements for the ATEP Medical Director.
6. While currently accredited ATEPs may have been found in compliance with the 2001 Standards – Major Requirement, all accredited programs and those in candidacy are encouraged to review the requirements for a “major” in athletic training as it is delineated in Section I of the 2005 Standards that may be found on the JRC-AT website. Programs also are encouraged to check all University, as well as programmatic websites and materials to ensure consistency in evidence to support compliance with this Standard.

## **Overview of Responses to Questions of the 2001 Standards:**

### **\*\*IB1e(1)(a) Medical Director or Team Physician Responsibilities**

Upon further review and analysis of both the 2001 Standards and the anticipated 2005 Standards, the JRC-AT has determined that **neither version of the Standards requires the Medical Director to be involved in the didactic or the clinical components of the ATEP**. While the JRC-AT would strongly encourage the Medical Director to be involved with the students in the didactic and/or clinical aspects of the ATEP, it can no longer require this level of involvement by the Medical Director.

### **IE2c Results of Ongoing Program Evaluation (Clinical Proficiency Evaluation)**

The goal of an ATEP is to prepare students to be entry-level athletic training professionals. As part of that requirement, the **ATEP must assure that students have been evaluated on and passed all clinical proficiencies** as defined by the NATA Athletic Training Educational Competencies. Failure to assure that students have been evaluated first for minimum proficiency to begin to utilize that skill clinically and at least one other time, with a sufficient interval to assure integration of knowledge and skill permanently into the student's clinical practice, will result in a non-compliance of this standard.

### **IIA1e Description of the Program (Direct Supervision)**

All student clinical experiences must be supervised. While a program may provide students with unsupervised opportunities that are outside of the requirements of the ATEP, those **unsupervised opportunities may not be titled or referenced as field or clinical experiences** (DO NOT USE: unsupervised clinical experiences). The terms field and clinical experiences must be limited to required program experiences to prevent confusion on the part of the students. Further, if unsupervised opportunities are available to students, it must be clearly delineated and enforced that those unsupervised opportunities are non-compulsory and voluntary, and students should not be offered these opportunities as a replacement for qualified staff.

### **IIA1f Description of the Program (General Medical Experiences)**

General medical experiences involve **observations and interactions with physicians (MD/DO), nurse practitioners, and/or physician assistants in the management of primarily general medical conditions/situations**.

Observations in physical therapy or orthopedic surgery are not considered general medical experiences. The intent of this requirement is to assure that students have opportunity to interact and learn directly from medical and allied health professionals who provide care outside the medical specialty areas of orthopedics. It also provides students with opportunities to observe how the general medical competencies and clinical proficiencies are integrated into actual general medicine practice settings.

## Overview of Responses to Questions of the 2005 CAATE Standards:

### **J3.5 Clinical Education**

There have been several requests for clarification of Standard J3.51 in regard to the number of hours/week that students may participate in clinical education experiences. **The purpose of clinical experiences is to ensure that students have sufficient time and opportunity to practice and perfect clinical skills and decision making while learning the culture of the Profession. Federal or state work study guidelines have been provided as references to assist ATEPs in determining fair and appropriate time limits for these experiences;** however, it should be noted that these are relative hour comparisons and do not pertain only to students receiving work study funds. While there are many categories of work study available to students, the amount of work-study time required of full-time students is twenty hour/week; however, this requirement fluctuates only slightly between states and institutions. While some ATEPs have attempted to seek out unique categories of work study requirements (e.g. Internship Category) to use as reference to require students to spend more hours in the athletic training clinic, clinical experience requirements that are not consistent with the minor fluctuations within the national or state standards will place academic programs in non-compliance with Standard J3.51.