

# CAATE Residency and Fellowship Standards Standards Crosswalk

This Crosswalk provides a reference for program administrators to understand the consistency of the 2022 Residency and Fellowship Standards with the previous 2014 Standards for Accreditation of Post-Professional Athletic Training Residency Programs. The tool provides insight into the evolution of the structure of Athletic Training Residencyand Fellowship programs with the introduction of key graduate medical education educational foundations to optimize the development of specialized practice in the field of Athletic Training. There are also Standards that were not included in the 2022 Standards that do not fit the distinct structure of residency and fellowship training.

	2022 Residency Standards	2014 Residency Standards	2022 Fellowship Standards
1	The program has a written mission statement that addresses the specialized preparation of residents and aligns with the mission of the sponsoring organization.  How to Address This Standard  Describe how the program's mission statement aligns with the mission statement of the sponsoring organization.  Uploads Program mission statement Sponsoring organization mission statement	14	The program has a written mission statement that addresses the specialized preparation of fellows and aligns with the mission of the sponsoring organization.  How to Address This Standard  • Describe how the program's mission statement aligns with the mission statement of the sponsoring organization.  Uploads  • Program mission statement  • Sponsoring organization mission statement
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.	14, 15, 16, 18, 20, 65, 87, 88, 89	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.

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	<ul> <li>How to Address This Standard</li> <li>Describe how the specialty area was identified</li> <li>Describe how the development of the program's framework is designed to meet its mission and other essential program elements</li> <li>Describe how the program has implemented the framework</li> <li>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</li> <li>Uploads</li> <li>The program's framework (optional supporting documents to narrative)</li> <li>Comprehensive assessment plan</li> </ul>		<ul> <li>How to Address This Standard</li> <li>Describe how the subspecialty area was identified</li> <li>Describe how the development of the program's framework is designed to meet its mission and other essential program elements</li> <li>Describe how the program has implemented the framework</li> <li>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</li> <li>Uploads</li> <li>The program's framework (optional supporting documents to narrative)</li> <li>Comprehensive assessment plan</li> </ul>
3	Development, implementation, evaluation and evolution of the framework engages all core faculty and includes other stakeholders as determined by the program.  Annotation: All core faculty must participate in the development, implementation, and evaluation of the framework on an ongoing basis. The nature and extent of the participation by each core faculty member and other stakeholders is determined by the program.  How to Address This Standard  • Describe the role of each core faculty member and additional identified stakeholders in the development, implementation, evaluation and evolution of the framework.	44, 45	Development, implementation, evaluation and evolution of the framework engages all core faculty and includes other stakeholders as determined by the program.  Annotation: All core faculty must participate in the development, implementation, and evaluation of the framework on an ongoing basis. The nature and extent of the participation by each core faculty member and other stakeholders is determined by the program.  How to Address This Standard  • Describe the role of each core faculty member and additional identified stakeholders in the development, implementation, evaluation and evolution of the framework.
2	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	16, 18	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 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		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 resident learning, quality of instruction, quality of clinical development, and overall program effectiveness		<ul> <li>Uploads         <ul> <li>Examples of assessment tools that measure fellow learning, quality of instruction, quality of clinical development, and overall program effectiveness</li> </ul> </li> </ul>
	The program collects resident achievement measures on an annual basis.		The program collects fellow achievement measures on an annual basis.
5	Annotation: The following achievement measures must be collected:  Program completion rate Program retention rate Resident placement rate When available, and if applicable to the specialty area, the Specialty Certification exam may be used for achievement measures Summative tool that assesses resident readiness for advance practice in specialty area	21, 23	Annotation: The following achievement measures must be collected:  • Program completion rate  • Program retention rate  • Fellow placement rate  • Summative tool that assesses fellow readiness for advance practice in subspecialty area
	How to Address This Standard     Ensure all information related to achievement measures is updated in eAccreditation     Provide the URL of the athletic training residency home page that shows the resident achievement measures data or the direct link from the home page to the resident achievement measures data		<ul> <li>How to Address This Standard</li> <li>Ensure all information related to achievement measures is updated in eAccreditation</li> <li>Provide the URL of the athletic training fellowship home page that shows the fellow achievement measures data or the direct link from the home page to the fellow achievement measures data</li> </ul>
6	The results of the program's comprehensive assessment plan are used for continued program improvement.  Annotation: The program analyzes the extent to which it meets its program-specific outcomes and creates an action plan for program improvement and identified deficiencies. The action plan minimally includes identification of responsible person or persons, listing of resources needed, a timeframe, and a strategy to modify the plan	19, 24, 25, 40, 56	The results of the program's comprehensive assessment plan are used for continued program improvement.  Annotation: The program analyzes the extent to which it meets its program-specific outcomes and creates an action plan for program improvement and identified deficiencies. The action plan minimally includes identification of responsible person or persons, listing of resources needed, a timeframe, and a strategy to modify
	as needed.  How to Address This Standard		the plan as needed.  How to Address This Standard

	<ul> <li>Describe the process used to analyze outcome data and the indicators used to determine the extent to which outcomes are met. Include a list and description of the assessment tools used.</li> <li>Describe the action plan developed for any outcome not met or deficiencies identified.</li> <li>Uploads         <ul> <li>Action plan</li> </ul> </li> </ul>		<ul> <li>Describe the process used to analyze outcome data and the indicators used to determine the extent to which outcomes are met. Include a list and description of the assessment tools used.</li> <li>Describe the action plan developed for any outcome not met or deficiencies identified.</li> <li>Uploads</li> <li>Action plan</li> </ul>
7	The program meets or exceeds a five-year aggregate of 80% first-time pass rate on the specialty certification exam within the specialty area.  Annotation: Implementation TBD  • When available, and if applicable to the specialty area, the validity of the specialty certification exam will be established and examined. The CAATE will explore the data following development of the respective examinations to determine the best aggregate pass rate threshold. *Both the standard and threshold are placeholder standards at this time.  How to Address This Standard  Uploads		(No related Standard)
8	Programs that have a five-year aggregate specialty examination first-time pass rate below 80% must provide an analysis of deficiencies and develop and implement an action plan for correction of examination pass-rate deficiency.  Annotation: This standard only applies in the event that the program is non-compliant with Standard 7. *This is a placeholder standard for when, and if, specialty certification examinations are developed in respective specialty area and data for Standard 7 is established.  How to Address This Standard  Uploads		(No related Standard)
SE	CTION II: PROGRAM DELIVERY  The program must be a minimum of twelve consecutive	67, 85, 96,	The program must be a minimum of twelve consecutive
9	months with a continuous full-time practice commitment.	97	months with a continuous full-time practice commitment.

11	The program must provide a comprehensive plan for the residents that provides a logical progression of graded authority and responsibility for autonomous patient-care experiences within the specialty area and inclusive of the ACGME Core Competencies.	17, 54, 93, 94, 96	The program must provide a comprehensive plan for the fellows that provides a logical progression of graded authority and responsibility for autonomous patient-care experiences within the subspecialty area and inclusive of the ACGME Core Competencies.
	<ul> <li>How to Address This Standard         <ul> <li>Narrative describing breadth of experiences provided to the resident</li> </ul> </li> <li>Uploads         <ul> <li>Clinical progression plan</li> <li>Program sequencing (provide breakdown of hours for time spent clinically in specialty area, mentored time in specialty area, and time spent completing didactic work)</li> </ul> </li> </ul>		<ul> <li>How to Address This Standard         <ul> <li>Narrative describing breadth of experiences provided to the fellow</li> </ul> </li> <li>Uploads         <ul> <li>Clinical progression plan</li> <li>Program sequencing (provide breakdown of hours for time spent clinically in subspecialty area, mentored time in subspecialty area, and time spent completing didactic work)</li> </ul> </li> </ul>
10	The program ensures well rounded and comprehensive clinical practice experiences that expose the residents to the full spectrum of the specialty area.  Annotation: The program is designed to provide a yearly minimum of 1664 hours (80% of 40 clinical hours minimum per week) of clinical practice within the specialty area, 500 hours (30% of 1664 clinical specialty area hours) of that time being mentored, plus 260 hours of didactic work (5 hours average per week) which is in addition to the minimum of 40 clinical hours per week. 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.	10, 88, 95, 96	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 yearly minimum of 1664 hours (80% of 40 clinical hours minimum per week) of clinical practice within the subspecialty area, 500 hours (30% of 1664 clinical subspecialty area hours) of that time being mentored, plus 260 hours of didactic work (5 hours average per week) which is in addition to the minimum of 40 clinical hours per week. 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.
	Annotation: Full-time practice is based on a minimum of a 40 hours of clinical practice per week over a 12-month (52 week) residency. The resident is a full-time employee of the organization and eligible for benefits, including paid time off, during their employment term.  How to Address This Standard  • Demonstrate how the program ensures continuous full-time practice for a minimum of twelve consecutive months  Uploads  • Examples include but not limited to: acceptance letter with dates of employment; rotations or experience models mapped out; full time employee status documentation, allotted benefits (including vacation and sick time)		Annotation: Full-time practice is based on a minimum of a 40 hours of clinical practice per week over a 12-month (52 week) fellowship. The fellow is a full-time employee of the organization and eligible for benefits, including paid time off, during their employment term.  How to Address This Standard  • Demonstrate how the program ensures continuous full-time practice for a minimum of twelve consecutive months  Uploads  • Examples include but not limited to: acceptance letter with dates of employment; rotations or experience models mapped out; full time employee status documentation, allotted benefits (including vacation and sick time)

	Annotation: The program is designed to provide a progressive yearly minimum of 500 mentored hours in the specialty area. This mentored time is likely to be inversely related (higher in the beginning of their residency that becomes less as the resident progresses to autonomous specialty practice).  How to Address This Standard  • Narrative describing the comprehensive plan for progression of graded authority and responsibility (relating clinical, didactic, and scholarship back to patients)  • Describe how information and formal feedback occurs throughout the comprehensive plan  • Provide the program sequence  Uploads  • Table that allows for appropriate tracking of mentored hours		Annotation: The program is designed to provide a progressive yearly minimum of 500 mentored hours in the subspecialty area. This mentored time is likely to be inversely related (higher in the beginning of their fellowship that becomes less as the fellow progresses to autonomous specialty practice).  How to Address This Standard  Narrative describing the comprehensive plan for progression of graded authority and responsibility (relating clinical, didactic, and scholarship back to patients)  Describe how information and formal feedback occurs throughout the comprehensive plan  Provide the program sequence  Uploads  Table that allows for appropriate tracking of mentored hours
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	17, 52, 54, 59, 88	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 subspecialization 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.	17, 53, 54, 62	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 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. ACGME Core Competencies. Uploads Uploads Evidence of demonstration of scholarship Evidence of demonstration of scholarship Evidence of dissemination of scholarship Evidence of dissemination of scholarship The program demonstrates systematic, diversity, equity, inclusion and social justice efforts in its development, design design and delivery. and delivery. Annotation: Programs advance diversity, equity, inclusion and social justice through a variety of efforts. These can include (but are not limited to) the following: are not limited to) the following: • participating in sponsoring organization efforts to advance participating in sponsoring organization efforts to advance diversity, equity, inclusion and social justice; incorporating diversity, equity, inclusion and social justice across the program curriculum; across the program curriculum; recruiting and retaining diverse faculty, residents, and improving faculty (including PD, core faculty and affiliate mentors: improving faculty (including PD, core faculty and affiliate faculty) and mentors understanding and integration of diversity, equity, inclusion and social justice; diversity, equity, inclusion and social justice; implementing policies that support a climate of equity and inclusion, free of harassment and discrimination: community engagements and/or scholarly endeavors that are reflective of diversity, equity, inclusion and social justice; and gathering program data that informs the programs diversity. equity, inclusion and social justice efforts. Sources may include, but are not limited to, demographic reports, retention reports, equity analysis, climate data, participation in DEI and interviews/focus group data. activities, competency development, program evaluations, and interviews/focus group data. How to Address This Standard How to Address This Standard Describe the current efforts (e.g., sponsoring Describe the current efforts (e.g., sponsoring organization, department, and program) in advancing diversity, equity,

- inclusion, and social justice within program development, design and delivery across didactic and clinical practice.
- Identify the sources of sponsoring organization and program data used to inform diversity, equity, inclusion and social justice efforts

Narrative describing overall scholarly plan for fellow linked to subspecialty area that includes all components of the

The program demonstrates systematic diversity, equity, inclusion and social justice efforts in its development,

Annotation: Programs advance diversity, equity, inclusion and social justice through a variety of efforts. These can include (but

- diversity, equity, inclusion and social justice;
- incorporating diversity, equity, inclusion and social justice
- recruiting and retaining diverse faculty, fellows, and mentors;
- faculty) and mentors understanding and integration of
- implementing policies that support a climate of equity and inclusion, free of harassment and discrimination;
- community engagements and/or scholarly endeavors that are reflective of diversity, equity, inclusion and social justice; and
- gathering program data that informs the programs diversity, equity, inclusion and social justice efforts. Sources may include, but are not limited to, demographic reports, retention reports, equity analysis, climate data, participation in DEI activities, competency development, program evaluations,
  - organization, department, and program) in advancing diversity, equity, inclusion, and social justice within program development, design and delivery across didactic and clinical practice
  - Identify the sources of sponsoring organization and program data used to inform diversity, equity, inclusion and social justice efforts

	Uploads     Provide the relevant program data and analysis that informs the program's diversity, equity, inclusion and social justice efforts		Uploads     Provide the relevant program data and analysis that informs the program's diversity, equity, inclusion and social justice efforts
SE	CTION III: INSTITUTIONAL ORGANIZATION AND ADMINISTRATION		
	The program must be identified as an athletic training residency in a specialty area in all organizational publications.  Annotation:		The program must be identified as an athletic training fellowship in a subspecialty area in all organizational publications.  Annotation:
15	How to Address This Standard     Describe how the program is listed as an athletic training residency in a specialty area within all organizational publications	2, 80	How to Address This Standard     Describe how the program is listed as an athletic training fellowship in a subspecialty area within all organizational publications
15	<ul> <li>Uploads</li> <li>Official organization document verifying the program is listed as an athletic training residency in a specialty area</li> <li>Official completion certificate verifying the program is listed as an athletic training residency in a specialty area</li> <li>URL or webpages verifying the program is listed as an athletic training residency in a specialty area</li> <li>Promotional materials verifying the program is listed as an athletic training residency in a specialty area</li> </ul>		<ul> <li>Uploads</li> <li>Official organization document verifying the program is listed as an athletic training fellowship in a subspecialty area</li> <li>Official completion certificate verifying the program is listed as an athletic training fellowship in a subspecialty area</li> <li>URL or webpages verifying the program is listed as an athletic training fellowship in a subspecialty area</li> <li>Promotional materials verifying the program is listed as an athletic training fellowship in a subspecialty area</li> </ul>
	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, legitimized practice settings, and organizational structure.		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.
16	<ul> <li>How to Address This Standard</li> <li>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.</li> <li>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.</li> </ul>	6, 7, 12, 13, 70, 92	<ul> <li>How to Address This Standard</li> <li>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.</li> <li>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.</li> </ul>
	<u>Uploads</u>		<u>Uploads</u> ■ Organizational structure

	<ul> <li>Organizational structure</li> <li>Budget Table (for operational resources)</li> <li>External accrediting agency verification</li> </ul>		<ul> <li>Budget Table (for operational resources)</li> <li>External accrediting agency verification</li> </ul>
17	All sites where residents are involved in education (excluding the sponsoring organization) have a current affiliation agreement or memorandum of understanding that is endorsed by the appropriate administrative authority at both the sponsoring organization and site.  Annotation: When the administrative oversight of the program personnel differs from the affiliate site, affiliation agreements or memoranda of understanding must be obtained from all parties. All sites (excluding the sponsoring organization) must have affiliation agreements or memoranda of understanding  How to Address This Standard  Describe the process to ensure that there is an executed affiliation agreement or memorandum of understanding with all sites where residents are involved in clinical development.  Uploads  Formal agreements, signed and dated by the appropriate administrative authority	3, 4, 7	All sites where fellows are involved in education (excluding the sponsoring organization) have a current affiliation agreement or memorandum of understanding that is endorsed by the appropriate administrative authority at both the sponsoring organization and site.  Annotation: When the administrative oversight of the program personnel differs from the affiliate site, affiliation agreements or memoranda of understanding must be obtained from all parties. All sites (excluding the sponsoring organization) must have affiliation agreements or memoranda of understanding  How to Address This Standard  • Describe the process to ensure that there is an executed affiliation agreement or memorandum of understanding with all sites where fellows are involved in clinical development.  Uploads  • Formal agreements, signed and dated by the appropriate administrative authority
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.	26, 27, 28, 33, 34, 35, 38, 39, 40	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.

	How to Address This Standard     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  Uploads     Evidence of content expertise (table, professional portfolio, or similar document)     Evidence of scholarship engagement		How to Address This Standard     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  Uploads     Evidence of content expertise (table, professional portfolio, or similar document)     Evidence of scholarship engagement
1	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	11, 12, 29, 30, 31, 32, 33, 36, 37, 41, 43, 48, 68, 69	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 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

20	The program director's job description; please delete all personal information (for example, salary, social security number) from the document     Workload Table  Program personnel numbers are sufficient to meet the needs of the program.  How to Address This Standard     Demonstrate how your program personnel numbers are sufficient to meet the needs of the learning outcomes of the resident and outcomes of the program	42, 43	The program director's job description; please delete all personal information (for example, salary, social security number) from the document     Workload Table  Program personnel numbers are sufficient to meet the needs of the program.  How to Address This Standard     Demonstrate how your program personnel numbers are sufficient to meet the needs of the learning outcomes of the fellow and outcomes of the program
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	46, 47, 49	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
22	The core faculty has adequate protected time to assist with and advance the residency program, with consideration given to the size and complexity of the program. Core faculty must function to:  • Support the program director in program and curricular development	44, 45, 48, 69, 96	The core faculty has adequate protected time to assist with and advance the fellowship program, with consideration given to the size and complexity of the program. Core faculty must function to:  • Support the program director in program and curricular development

	<ul> <li>Uphold the ACGME Core Competencies within clinical practice</li> <li>Administer and maintain an educational environment conducive to the development of the residents</li> <li>Mentor residents during clinical practice to expand their depth and breadth of knowledge and skills in the program's specialty area</li> <li>Provide instruction and assessment of the advanced knowledge, skills, and clinical abilities of the specialty area</li> </ul>		<ul> <li>Uphold the ACGME Core Competencies within clinical practice</li> <li>Administer and maintain an educational environment conducive to the development of the fellows</li> <li>Mentor fellows during clinical practice to expand their depth and breadth of knowledge and skills in the program's subspecialty area</li> <li>Provide instruction and assessment of the advanced knowledge, skills, and clinical abilities of the subspecialty area</li> </ul>
	Narrative describing the core faculty member's roles with regard to the responsibilities outlined above     Describe how core faculty workload is assigned     Describe the process used to arrive at the assigned load for core faculty     Provide a narrative describing how each core faculty member has clear protected time to complete their program responsibilities		Narrative describing the core faculty member's roles with regard to the responsibilities outlined above     Describe how core faculty workload is assigned     Describe the process used to arrive at the assigned load for core faculty     Provide a narrative describing how each core faculty member has clear protected time to complete their program responsibilities
	<u>Uploads</u> ■ Workload Table		<u>Uploads</u> ■ Workload Table
	The affiliate faculty must have appropriate qualifications in their field in order to contribute to the development of the resident.		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.		Annotation: Describe how those qualifications are related to their role in the program.
23	How to Address This Standard     Describe content expertise of the affiliate faculty and their role in the program	46, 47, 49	How to Address This Standard     Describe content expertise of the affiliate faculty and their role in the program
	<ul> <li>Uploads</li> <li>Evidence of content expertise (table, professional portfolio, or similar document)</li> </ul>		Evidence of content expertise (table, professional portfolio, or similar document)
	The program has a medical director that supports the program.		The program has a medical director that supports the program.
24	How to Address This Standard     Describe the role of the medical director within the residency	50, 51	How to Address This Standard     Describe the role of the medical director within the fellowship

	Uploads     The current license of the medical director     A work agreement, contract appointment letter, or MOU for the medical director		<ul> <li>Uploads</li> <li>The current license of the medical director</li> <li>A work agreement, contract appointment letter, or MOU for the medical director</li> </ul>
25	The program ensures the availability of adequate curricular resources for residents and program personnel.  Annotation: Curricular resources are adequate to achieve the program's stated mission, goals, and expected program outcomes.  How to Address This Standard  Provide a narrative describing the presence of clinical, physical, and technical resources required to meet program needs	70, 72, 73, 74, 75, 76	The program ensures the availability of adequate curricular resources for fellows and program personnel.  Annotation: Curricular resources are adequate to achieve the program's stated mission, goals, and expected program outcomes.  How to Address This Standard  Provide a narrative describing the presence of clinical, physical, and technical resources required to meet program needs
26	The number of work hours performed during the program must be in compliance with organizational and federal policy and must not exceed the duty hour standards of the Accreditation Council for Graduate Medical Education (ACGME).  Annotation: Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical and didactic work done from home, and all moonlighting as outlined by the ACGME.  How to Address This Standard  N/A  Uploads  Hours log distinguishing clinical and didactic time (allows norms/benchmarks to be established)  Location of link to ACGME duty hours definition	60	The number of work hours performed during the program must be in compliance with organizational and federal policy and must not exceed the duty hour standards of the Accreditation Council for Graduate Medical Education (ACGME).  Annotation: Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical and didactic work done from home, and all moonlighting as outlined by the ACGME.  How to Address This Standard  N/A  N/A  Uploads  Hours log distinguishing clinical and didactic time (allows norms/benchmarks to be established)  Location of link to ACGME duty hours definition
27	The program must provide residents sufficient financial support to fulfill the responsibilities of the program.  Annotation: Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the program. Moonlighting time must be counted toward the 80-hour work week limitation as defined by ACGME duty hours. The intent of this Standard is for the program to show how it is protecting against the residents need to seek outside employment.	71	The program must provide fellows sufficient financial support to fulfill the responsibilities of the program.  Annotation: Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the program.  Moonlighting time must be counted toward the 80-hour work week limitation as defined by ACGME duty hours. The intent of this Standard is for the program to show how it is protecting against the fellows need to seek outside employment.

	Program must provide how financial compensation is determined; what it includes; demonstrate that it is equitable (cost of living); describe the data used to support the decision     Program must provide benchmarks for the salary and benefits package which should be compared to full time staff		How to Address This Standard     Program must provide how financial compensation is determined; what it includes; demonstrate that it is equitable (cost of living); describe the data used to support the decision     Program must provide benchmarks for the salary and benefits package which should be compared to full time staff
28	The program and its stakeholders foster civil, equitable, and professional learning environments that are free from harassment and discrimination.  How to Address This Standard  Describe how the program and stakeholders foster civil, equitable, and professional learning environments that are free from harassment and discrimination  Identify the sources of program data used that helps the program determine that professional learning environments are civil, equitable and free from harassment and discrimination  Uploads  The program's nonprejudicial or nondiscrimination policy for educational opportunities and placements for the residents. Policies and procedure may be per sponsoring organization and not specific to the program.  Provide the relevant program data that helps the program determine that professional learning environments are civil, equitable, and free from harassment and discrimination  1. VI.B.6 of the ACGME Common Program Requirements (https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRResidency2020.pdf)	55, 78	The program and its stakeholders foster civil, equitable, and professional learning environments that are free from harassment and discrimination.   How to Address This Standard  Describe how the program and stakeholders foster civil, equitable, and professional learning environments that are free from harassment and discrimination  Identify the sources of program data used that helps the program determine that professional learning environments are civil, equitable and free from harassment and discrimination  Uploads  The program's nonprejudicial or nondiscrimination policy for educational opportunities for the fellows. Policies and procedure may be per sponsoring organization and not specific to the program.  Provide the relevant program data that helps the program determine that professional learning environments are civil, equitable, and free from harassment and discrimination  1. VI.B.6 of the ACGME Common Program Requirements (https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRResidency2020.pdf)
29	The program maintains appropriate resident records in secure locations. Records must include the following:	66, 82, 98, 99, 100, 101, 102	The program maintains appropriate fellow records in secure locations. Records must include the following:

	<ul> <li>Describe how the resident records that meet the standard are maintained in secure locations.</li> </ul>		<ul> <li>Describe how the fellow records that meet the standard are maintained in secure locations.</li> </ul>
	<ul> <li>Uploads</li> <li>Acknowledgement of program terms (signed and dated)</li> <li>Acknowledgement of orientation/onboarding (signed and dated)</li> </ul>		<ul> <li>Uploads</li> <li>Acknowledgement of program terms (signed and dated)</li> <li>Acknowledgement of orientation/onboarding (signed and dated)</li> </ul>
30	Prospective and accepted residents are provided with publicly accessible information about the program to include the following:  Program Policies & Procedures including grievance, family leave, withdrawal and/or termination, and academic dishonesty policies  Admission requirements  Employee retention requirements  Program completion requirements  Organizational fair practice policies including non-discrimination policies and protection of health and safety of the resident  Salary and financial responsibility (program related costs)  Aggregate data (retention, placement, completion, pass rates)  Mission and programmatic goals  How to Address This Standard  Describe how prospective and enrolled residents are informed and have access to the information to meet the standard.  Describe how the program ensures the information that meets the standard is publicly accessible.  Uploads  Procedures governing the award of available funding for scholarships and/or dues, if applicable  The written Policy & Procedure manual or the URL of the page where the P&P is found  Evidence of all bulleted points above (URL or written)	21, 22, 55, 57, 58, 77, 78, 79, 81, 83, 84, 86, 89, 90, 91, 97	Prospective and accepted fellows are provided with publicly accessible information about the program to include the following:  Program Policies & Procedures including grievance, family leave, withdrawal and/or termination, and academic dishonesty policies  Admission requirements Employee retention requirements Program completion requirements Organizational fair practice policies including non-discrimination policies and protection of health and safety of the fellow Salary and financial responsibility (program related costs) Aggregate data (retention, placement, completion, pass rates) Mission and programmatic goals  How to Address This Standard Describe how prospective and enrolled fellows are informed and have access to the information to meet the standard. Describe how the program ensures the information that meets the standard is publicly accessible.  Uploads Procedures governing the award of available funding for scholarships and/or dues, if applicable The written Policy & Procedure manual or the URL of the page where the P&P is found Evidence of all bulleted points above (URL or written)
31	Program policies, procedures and practices provide for compliance with accreditation policies and procedures, including the following:  • Maintenance of accurate information, easily accessible to the public, on the program website regarding		Program policies, procedures and practices provide for compliance with accreditation policies and procedures, including the following:  • Maintenance of accurate information, easily accessible to the public, on the program website regarding

	accreditation status and current resident achievement measures  • Timely submission of required fees and documentation, including reports of program completion rates and resident placement rates  • Timely notification of expected or unexpected substantive changes with the program and of any change in organization accreditation status or legal authority to provide residency education  Annotation: Associated due dates are established by the CAATE and are available in the CAATE Policy and Procedure manual. Programs are not required to submit evidence of compliance for this standard within a self-study. Evidence of compliance is required only when programs are responding to specific inquiry from the CAATE about potential noncompliance. The nature of evidence requested will depend on the nature of the inquiry.  How to Address This Standard N/A		accreditation status and current fellow achievement measures  • Timely submission of required fees and documentation, including reports of program completion rates and fellow placement rates  • Timely notification of expected or unexpected substantive changes with the program and of any change in organization accreditation status or legal authority to provide fellow education  Annotation: Associated due dates are established by the CAATE and are available in the CAATE Policy and Procedure manual. Programs are not required to submit evidence of compliance for this standard within a self-study. Evidence of compliance is required only when programs are responding to specific inquiry from the CAATE about potential noncompliance. The nature of evidence requested will depend on the nature of the inquiry.  How to Address This Standard N/A
SE	CTION IV: OUTCOMES		
32	Residents must demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.  Annotation: The program must demonstrate resident knowledge and skills in the area of Patient Care and Procedural Skills.  How to Address This Standard  • Describe the learning experiences associated with this standard and how resident performance is assessed  • Demonstrate collection and appraisal of outcome measures and how these are integrated in the resident's clinical practice  Uploads  • Provide examples of outcomes data used to verify an acceptable level of performance in the area of patient care and procedural skills	17, 54. 63	Fellows must demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.  Annotation: The program must demonstrate fellow knowledge and skills in the area of Patient Care and Procedural Skills.  How to Address This Standard  • Describe the learning experiences associated with this standard and how fellow performance is assessed  • Demonstrate collection and appraisal of outcome measures and how these are integrated in the fellow's clinical practice  Uploads  • Provide examples of outcomes data used to verify an acceptable level of performance in the area of patient care and procedural skills
33	Residents must demonstrate knowledge of established and evolving biomedical, clinical epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient centered care.	17, 54, 61, 63	Fellows must demonstrate knowledge of established and evolving biomedical, clinical epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient centered care.

	Annotation: The program must demonstrate resident knowledge and skills in the area of Medical Knowledge.  How to Address This Standard  • Describe the learning experiences associated with this standard and how resident performance is assessed  • Demonstrate collection and appraisal of outcome measures and how these are integrated in the resident's clinical practice  Uploads  • Provide examples of outcomes data used to verify an acceptable level of performance in the area of medical knowledge		Annotation: The program must demonstrate fellow knowledge and skills in the area of Medical Knowledge.  How to Address This Standard  Describe the learning experiences associated with this standard and how fellow performance is assessed  Demonstrate collection and appraisal of outcome measures and how these are integrated in the fellow's clinical practice  Uploads  Provide examples of outcomes data used to verify an acceptable level of performance in the area of medical knowledge
34	Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate, scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.  Annotation: The program must demonstrate resident knowledge and skills in the area of Practice-Based Learning and Improvement.  How to Address This Standard  • Describe the learning experiences associated with this standard and how resident performance is assessed  • Demonstrate collection and appraisal of outcome measures and how these are integrated in the resident's clinical practice  Uploads  • Provide examples of outcomes data used to verify an acceptable level of performance in the area of practice-based learning and improvement	17, 54, 61, 62, 63, 64	Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate, scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.  Annotation: The program must demonstrate fellow knowledge and skills in the area of Practice-Based Learning and Improvement.  How to Address This Standard  • Describe the learning experiences associated with this standard and how fellow performance is assessed  • Demonstrate collection and appraisal of outcome measures and how these are integrated in the fellow's clinical practice  Uploads  • Provide examples of outcomes data used to verify an acceptable level of performance in the area of practice-based learning and improvement
35	Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with appropriate stakeholders.  Annotation: Examples should include, but not limited to, the exchange of information and collaboration with: patients, families, health professionals, other healthcare providers.  How to Address This Standard	17, 54	Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with appropriate stakeholders.  Annotation: Examples should include, but not limited to, the exchange of information and collaboration with: patients, families, health professionals, other healthcare providers.  How to Address This Standard

	<ul> <li>Describe the learning experiences associated with this standard and how resident performance is assessed</li> <li>Demonstrate collection and appraisal of outcome measures and how these are integrated in the resident's clinical practice</li> </ul>		<ul> <li>Describe the learning experiences associated with this standard and how fellow performance is assessed</li> <li>Demonstrate collection and appraisal of outcome measures and how these are integrated in the fellow's clinical practice</li> </ul>
	<ul> <li>Uploads</li> <li>Provide examples of outcomes data used to verify an acceptable level of performance in the area of Interpersonal and communication skills</li> </ul>		<ul> <li>Uploads</li> <li>Provide examples of outcomes data used to verify an acceptable level of performance in the area of Interpersonal and communication skills</li> </ul>
36	Residents must demonstrate a commitment to professionalism and an adherence to ethical principles.  Annotation: Examples should include, but not limited to, practice plan surveys; patient satisfaction surveys; demonstrations of competence in compassion, integrity, and respect for others; responsiveness to patient needs; respect for patient privacy and autonomy; accountability to patients, society, and the profession; respect and responsiveness to diverse patient populations; ability to practice cultural proficiency, foster cultural humility and demonstrate respect in patient care; ability to recognize and develop a plan for one's own personal and professional well-being; and appropriately disclosing and addressing conflict or duality of interest.  How to Address This Standard  Describe the learning experiences associated with this standard and how resident performance is assessed  Demonstrate collection and appraisal of outcome measures and how these are integrated in the resident's clinical practice  Uploads  Provide examples of outcomes data used to verify an acceptable level of performance in the area of professionalism	17, 54	Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.  Annotation: Examples should include, but not limited to, practice plan surveys; patient satisfaction surveys; demonstrations of competence in compassion, integrity, and respect for others; responsiveness to patient needs; respect for patient privacy and autonomy; accountability to patients, society, and the profession; respect and responsiveness to diverse patient populations; ability to practice cultural proficiency, foster cultural humility and demonstrate respect in patient care; ability to recognize and develop a plan for one's own personal and professional well-being; and appropriately disclosing and addressing conflict or duality of interest.  How to Address This Standard  Describe the learning experiences associated with this standard and how fellow performance is assessed  Demonstrate collection and appraisal of outcome measures and how these are integrated in the fellow's clinical practice  Uploads  Provide examples of outcomes data used to verify an acceptable level of performance in the area of professionalism
37	Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care including the social determinants of health and health literacy as well as the ability to call effectively on other resources to provide optimal health care.  Annotation: The program must demonstrate resident knowledge and skills in the area of Systems-Based Practice. Residents	17, 54	Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care including the social determinants of health and health literacy as well as the ability to call effectively on other resources to provide optimal health care.  Annotation: The program must demonstrate fellow knowledge and skills in the area of Systems-Based Practice. Fellows should

	should analyze the impact of health literacy and social determinants of health on patient care and outcomes to determine healthcare strategies that empower patients and improve outcomes.  How to Address This Standard  • Describe the learning experiences associated with this standard and how resident performance is assessed  • Demonstrate collection and appraisal of outcome measures and how these are integrated in the resident's clinical practice  Uploads  • Provide examples of outcomes data used to verify an acceptable level of performance in the area of system-based practice		analyze the impact of health literacy and social determinants of health on patient care and outcomes to determine healthcare strategies that empower patients and improve outcomes.  How to Address This Standard  • Describe the learning experiences associated with this standard and how fellow performance is assessed  • Demonstrate collection and appraisal of outcome measures and how these are integrated in the fellow's clinical practice  Uploads  • Provide examples of outcomes data used to verify an acceptable level of performance in the area of systembased practice
	Residency programs must demonstrate an increase in depth and breadth of an individual's global acquisition of knowledge and abilities in the ACGME Core Competencies.  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 components. Must document progressive resident performance improvement appropriate to educational level. The outcomes of these assessments must be formally shared with all associated program personnel.		Fellowship programs must demonstrate an increase in depth and breadth of an individual's global acquisition of knowledge and abilities in the ACGME Core Competencies.  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 components. Must document progressive fellow performance improvement appropriate to educational level. The outcomes of these assessments must be formally shared with all associated program personnel.
38	<ul> <li>How to Address This Standard</li> <li>Describe how you are using a progressive clinical behavior assessment tool to measure individual progress from the beginning of their education through completion of their respective programs to the advanced practice of their specialties</li> <li>Provide a narrative describing how formal and informal feedback is occurring related to the ACGME Core Competencies throughout the experience</li> <li>Describe how the individualized plan for the resident is adjusted based on results of the tool and feedback provided</li> </ul>	17, 54	<ul> <li>Describe how you are using a progressive clinical behavior assessment tool to measure individual progress from the beginning of their education through completion of their respective programs to the advanced practice of their subspecialties</li> <li>Provide a narrative describing how formal and informal feedback is occurring related to the ACGME Core Competencies throughout the experience</li> <li>Describe how the individualized plan for the fellow is adjusted based on results of the tool and feedback provided</li> </ul>
	Provide examples of outcomes data used to verify an acceptable level of performance and an increase in depth and breadth of the ACGME Core Competencies		Provide examples of outcomes data used to verify an acceptable level of performance and an increase in depth and breadth of the ACGME Core Competencies

Residents must demonstrate an increase in depth and breadth of knowledge, skills, behaviors and abilities across the specialty area.

Annotation: The program must use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff), Must k

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.

### 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

### 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) 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 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* 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

15, 17, 20,

23, 65

 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)

39

Residency programs must identify curricular content to be Fellowship programs must identify curricular content to be taught within the specialty area through a strategic and taught within the subspecialty area through a strategic and deliberate process. deliberate process. Annotation: A BOC practice analysis should be incorporated into Annotation: A BOC practice analysis should be incorporated into the program's assessment for determining the appropriate curricular the program's assessment for determining the appropriate content, where one exits. If a practice analysis does not currently curricular content, where one exits. If a practice analysis does not exist for the specialty area of the program, a clear process with currently exist for the subspecialty area of the program, a clear support should occur in order to define what will be taught and how process with support should occur in order to define what will be that will be linked to programmatic outcomes. taught and how that will be linked to programmatic outcomes. How to Address This Standard How to Address This Standard • Narrative describing the process of how the program • Narrative describing the process of how the program determined the appropriate curricular content to include in determined the appropriate curricular content to include in order to meet the objectives of the specialty order to meet the objectives of the subspecialty • Identify the resources used to determine the content to be • Identify the resources used to determine the content to be taught. This may include, but is not limited to, BOC practice taught. This may include, but is not limited to, BOC practice analyses, program consortium or think tanks, milestones analyses, program consortium or think tanks, milestones for matched physician specialty area, and other pertinent for matched physician subspecialty area, other and literature. pertinent literature. Standards not found in 2022 Standards due with misalignment Standards not found in 2022 Standards due with misalignment 1, 5, 8, 9