Standards for the Accreditation of

Post-Professional Athletic Training Degree Programs

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The purpose of the Commission on Accreditation of Athletic Training Education (CAATE) is to develop, maintain, and promote appropriate minimum education standards for quality for athletic training programs. The CAATE is sponsored by the American Academy of Family Physicians, the American Academy of Pediatrics, the American Orthopaedic Society for Sports Medicine, and the National Athletic Trainers' Association (NATA).

The *Standards for the Accreditation of Post-Professional Athletic Training Degree Programs (Standards)* are used to prepare athletic trainers for advanced clinical practice through a structured didactic and clinical experience. Each institution is responsible for demonstrating compliance with these *Standards* to obtain and maintain recognition as a CAATE-accredited post-professional athletic training degree program. A list of accredited programs is published and available to the public.

These *Standards* are to be used for the development, evaluation, analysis, and maintenance of post-professional athletic training degree programs. Via comprehensive and annual review processes, the CAATE is responsible for the evaluation of a program's compliance with the *Standards.* The *Standards* provide minimum academic requirements; institutions are encouraged to develop sound innovative educational approaches that substantially exceed these *Standards.* The *Standards* include two different types of accreditation standards that are important to differentiate. The majority of the standards are *Compliance Standards,* which are denoted by the verb "must". *Compliance Standards* represent the minimum education standards for quality that are required to demonstrate accreditation compliance. Accreditation decisions are only made by the CAATE based upon program compliance with *Compliance Standards*. Standards denoted by the verb "should" are *Aspirational Standards*. In contrast to *Compliance Standards, Aspirational Standards* are not required to ensure minimum educational quality. Instead, *Aspirational Standards* are provided in instances where the CAATE feels that it is important to note a desired state beyond the minimum required for accreditation compliance. While *Compliance Standards* must be attained to ensure minimum educational quality and compliance, *Aspirational Standards* are only recommendations and are NOT utilized to determine program compliance and are NOT used to make accreditation decisions. However, *Aspirational Standards* are important and any non-compliance with an *Aspirational Standard* must be justified. To assist in the interpretation of individual standards a glossary of terms is provided at the end of this document.

Description of the Profession

Athletic Trainers are healthcare professionals who collaborate with physicians to optimize activity and participation of patients and clients. Athletic training encompasses the prevention, diagnosis and intervention of emergency, acute and chronic medical conditions involving impairment, functional limitations and disabilities. Athletic

Training is recognized by the American Medical Association (AMA) as a healthcare profession.

The athletic trainer's post-professional preparation is based on developing students' knowledge, skills, and abilities, beyond the professional level, as determined by the Commission. Post-Professional athletic training degree programs incorporate core competencies required for advanced clinical practice. The Post-Professional core competencies are listed and defined here:

- Evidence-Based Practice
- Interprofessional Education and Collaborative Practice
- Quality Improvement
- Healthcare Informatics
- Professionalism
- Patient-Centered Care

CAATE accredited post-professional athletic training degree programs must ensure that students attain specific **core competencies** that relate to professional behaviors. There is an important conceptual difference between the meaning of the term **core competencies** as it relates to post-professional education and its meaning in the context of professional education. The National Athletic Trainers' Association (NATA) *Athletic Training Education Competencies* and the CAATE *Standards for the Accreditation of Professional Athletic Training Programs* use the term **"competencies"** to refer to the specific knowledge that must be attained and the specific skills that must be developed by students in a professional education program. The post-professional *Standards* have been developed to enhance the competence of athletic trainers who have already attained the necessary credentials for entry-level professional practice. For the post-professional education of athletic trainers, educational **"core competencies"** are broadly defined as professional behavior that involves *the habitual and judicious use of communication, knowledge, clinical skills, clinical reasoning, emotions, values, and reflection in daily practice*.

The Institute of Medicine (IOM) has identified five core competencies for all healthcare providers, regardless of discipline, and similar concepts are represented in six competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) for all graduate medical education, regardless of specialty. Post-professional education core competencies are consistent with those specified by IOM and ACGME/ABMS, and they are consistent with seven foundational behaviors of professional practice identified within the NATA Education Competencies for professional education. The six core competencies that a CAATE accredited post-professional athletic training degree program must be designed to address are: 1) patient-centered care, 2) interprofessional education and collaboration, 3) evidence-based practice, 4) quality improvement, 5) use of healthcare informatics, and 6) professionalism. Descriptions of the six core competencies are provided:

1. Patient-Centered Care

Patient-centered care is characterized by efforts to clearly inform, educate, and communicate with patients in a compassionate manner. Shared decision-making and management are emphasized, as well as continuous advocacy of injury and disease prevention measures and promotion of a healthy lifestyle. Although the phrase "patient-centered care" is widely used, its meaning is not interpreted in a consistent manner within and across health professions. The American healthcare delivery system is characterized by clinician-centered and disease-focused care, which empowers the healthcare professional to function as the primary source of control, and which involves treatment of a condition without adequate attention to the needs, concerns, and preferences of the patient.

Competency in patient-centered care relates to the athletic trainer's ability to serve as an advocate for a patient's best interests, to educate the patient about health-related concerns and intervention options, to recognize any conflict of interest that could adversely affect the patient's health, and to facilitate collaboration among the patient, physician, family, and other members of the patient's social network or healthcare system to develop an effective treatment plan that includes agreed-upon implementation steps, short-term goals and long-term goals.

2. Interprofessional Education and Collaborative Practice

Coordinated cooperation among clinicians who provide care for a patient is far more important than professional prerogatives and roles. Different health professions often perform a subset of overlapping functions, but separate scopes of practice, governance structures, and standards maintained by licensing agencies for the different health professions present obstacles to the delivery of optimum patient care by an interprofessional team. Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care. Competency in interprofessional education and collaborative practice relates to the athletic trainer's ability to interact with other health professionals in a manner that optimizes the quality of care provided to individual patients.

In many healthcare settings, authoritative organizational policies establish strict practice boundaries and separation of professional disciplines that are strongly reinforced by third-party reimbursement procedures. Efforts to change scope of practice legislation often produce conflict that results in distrust and hostility among professions. Health professions education is often provided by separate professional schools or separate academic units within an educational institution, which are often housed in separate facilities. Administrative governance by separate deans, directors, or department chairs often results in the protection of the special interests of a particular health profession. Some fear that

professional identity will be lost, advantageous organizational hierarchy will be altered, and political clout will be weakened by interprofessional health professions education and clinical collaboration. Each program should strive to remove barriers to interprofessional education and collaborative practice within its educational institution. Athletic training students should be provided with as many opportunities as possible for intentional interprofessional collaboration with educators, practicing clinicians, and students from other health professions.

3. Evidence-Based Practice

Evidence-based practice is the integration of best research evidence with clinical expertise and patient values and circumstances to make decisions about the care of individual patients. ***Best research evidence*** includes evidence from randomized controlled trials, laboratory experiments, clinical trials, epidemiological research, outcomes research, qualitative research, and the knowledge of experts. ***Clinical expertise*** is derived from the knowledge and experience developed over time from practice, including inductive reasoning. ***Patient values and circumstances*** are the unique preferences, concerns, financial resources, and social supports that are brought by each patient to a clinical encounter. Evidence-based practice does not dictate that all clinical decisions must be based on the results of randomized controlled trials, because such results are often unavailable or insufficiently relevant to the specific clinical circumstance.

Traditional health professions education has been heavily compartmentalized, i.e., lecture presentation of highly focused subject matter pertaining to the diagnosis and treatment of specific conditions, which has not been directly related to ethical considerations or acquisition of clinical skills. Students should not be expected to independently assimilate, retain, and integrate knowledge derived from course lectures with subsequent clinical skill instruction and patient interactions. A post-professional athletic training degree program curriculum must reflect an intentional effort to link didactic content to clinical decision-making. Competency in evidence-based practice relates to the athletic trainer's ability to integrate the best available research evidence with clinical expertise and consideration of patient values and circumstances to optimize patient outcomes.

4. Quality Improvement

Healthcare organizations are increasingly adopting quality assessment methods that originated in the industrial manufacturing sector to minimize waste, decrease errors, increase efficiency, and improve quality of care. Total quality management (TQM) and continuous quality improvement (CQI) are terms used to designate a systematic approach to optimization of processes to ensure that high-quality products and services are consistently delivered to consumers. Emerging technologies are enhancing the process of clinical

decision-making through rapid access to relevant patient data, more extensive communication between clinician and patient, and improved communication between different clinicians treating the patient.

Competency in quality improvement relates to the athletic trainer's recognition of the need for constant self-evaluation and life-long learning, and it includes the ability to identify a quality improvement objective, specify changes that are expected to produce an improvement, and quantitatively confirm that an improvement resulted from implementation of the change (e.g., improved patient outcomes from administration of a specific intervention or utilization of a specific protocol).

5. Use of Healthcare Informatics

Competency in the use of healthcare informatics relates to the athletic trainer's ability to: 1) search, retrieve, and utilize information derived from online databases and/or internal databases for clinical decision support, 2) properly protect the security of personal health information in a manner that is consistent with legal and ethical considerations for use of such data, including control of data access, utilization of patient identity coding, de-identification of aggregated data, and encryption of electronically transmitted data, 3) guide patients to online sources of reliable health-related information, 4) utilize word processing, presentation, and data analysis software, and 5) communicate through email, text messaging, listservs, and emerging modes of interactive electronic information transfer.

The assumption that health professionals can identify and treat conditions, evaluate new clinical tests and therapeutic procedures, and develop clinical practice guidelines solely through reliance on knowledge gained from academic preparation and practice experience is no longer valid. Human memory is an unreliable means for maintaining familiarity with the rapidly expanding body of knowledge in healthcare. Clinicians must increasingly use information technology to manage clinical data and access the most recent evidence pertaining to optimum patient care.

6. Professionalism

Elements of professionalism are clearly exhibited through the delivery of patient-centered care, effective participation as a member of an interdisciplinary team, and commitment to continuous quality improvement, but its importance makes it worthy of designation as another distinct competency. Professionalism relates to personal qualities of honesty, reliability, accountability, patience, modesty, and self-control. It is exhibited through ethical behavior, a respectful demeanor toward all persons, compassion, a willingness to serve others, sensitivity to the concerns of diverse patient populations, a conscientious approach

to performance of duties, a commitment to continuing education, contributions to the body of knowledge in the discipline, appropriate dress, and maintenance of a healthy lifestyle.

Recognition of the need for continuous self-evaluation and personal growth is essential for attainment of a high level of professionalism. Competency in professionalism relates to the athletic trainer's adherence to the NATA *Code of Ethics* and the Board of Certification *Standards of Practice*, and includes intrinsic motivation to continuously exhibit the manifestations of professionalism in all aspects of clinical practice and personal conduct.

2013 CAATE Post-Professional Athletic Training Degree Standards

Sponsorship

1. The sponsoring institution **must** be accredited by an agency recognized by the United States Department of Education or by the Council for Higher Education Accreditation and must be legally authorized to provide a program of post-baccalaureate education. For programs outside of the United States, the institution **must** be accredited by a recognized post-baccalaureate accrediting agency.
2. The program **must** lead to a post-baccalaureate (post-professional) masters or doctoral degree.
3. The name "Athletic Training" **must** appear on the transcript as the major, specialization, concentration, emphasis, or track
4. The institution **should** grant a post-baccalaureate (post-professional) degree in athletic training.
5. All sites where students are involved in patient care (excluding the Program's sponsoring institution) **must** have an affiliation agreement or memorandum(s) of understanding that is endorsed by the appropriate administrative authority (i.e. those bearing signature authority) at both the sponsoring institution and site. In the case where the administrative oversight of the student differs from the affiliate site, formal agreements **must** be obtained from all parties.

6. In certain instances, the school/college or university sponsoring the program may establish affiliation with other units within the institution or at other institutions, to provide instruction, research, or administrative experiences. If such affiliations are made there **must** be formal administrative arrangements for use of all affiliated settings.
7. The program **should** be housed within the school of health sciences, health professions, medicine or similar health-related academic unit.

Outcomes

8. Develop a Plan: The program's outcomes and objectives guide the program, and **must** be consistent with the missions of the university, school/college, and department in which the program is housed.
9. Develop a Plan: All aspects of the program (didactic, scholarly experience, advanced clinical practice) **must** have corresponding program outcomes and objectives.
10. Develop a Plan: The program's outcomes and objectives **must** reflect its faculty expertise and resources.
11. Develop a Plan: The program's outcomes **must** increase students' depth and breadth of understanding of athletic training subject matter areas, skills, and *Post-Professional Core-Competencies,* beyond the knowledge, skills, and abilities required of the professional preparation program.
12. Develop a Plan: There **must** be a comprehensive assessment plan to evaluate all aspects of the educational program. Assessments used for this purpose **must** include those defined in Standards 10 and 11. Additional assessments may include,

but are not limited to, clinical site evaluations, preceptor evaluations, academic course performance, retention and graduation rates, graduating student exit evaluations, and alumni placement rates one year post graduation.

13. Develop a Plan: The plan **must** be ongoing and document regular assessment of the educational program.
14. Assessment Measures: The program's assessment measures **must** include those stated in Standards 10 and 11 in addition to any unique metrics that reflect the specific program, department, or college. The specific volume and nature of this information is influenced by the individual character of the institution and should be in keeping with other similar academic programs within the institution. The assessment tools **must** relate the program's stated educational mission, goals and objectives to the quality of instruction all identified, student learning, and overall program effectiveness.
15. Assessment Measures: The program's aggregate institutional data (as defined by the CAATE) for the most recent three years **must** be provided.
16. Assessment Measures: Programs **must** post the aggregate institutional data (as defined by the CAATE) on the program's home page or a direct link to the data **must** be on the program's home webpage.
17. Collect the Data: Programs **must** obtain data to determine all identified program outcomes.
18. Data Analysis: Programs **must** analyze the outcomes data to determine the extent to which the program is meeting its stated mission, goals, and objectives.
19. Action Plan: The results of the data analysis are used to develop a plan for continual program improvement. This plan **must**:
    a. Develop targeted goals and action plans if the program and student learning outcomes are not met; and
    b. State the specific timelines for reaching those outcomes; and
    c. Identify the person(s) responsible for those action steps; and
    d. Provide evidence of periodic updating of action steps as they are met or circumstances change.

Personnel

20. Program Director **must** be a full-time employee of the sponsoring institution.
21. The Program Director **must** possess a terminal degree (e.g., PhD, EdD) from a regionally accredited institution.
22. The Program Director **must** be a member of the graduate faculty, where applicable, as defined by institutional policy.
23. Program Director **must** have faculty status, with full faculty rights, responsibilities, privileges, and full college voting rights as defined by institution policy and that are consistent with similar positions at the institution necessary to provide appropriate program representation in institutional decisions.
24. The Program Director **should** be tenured and hold the rank of associate professor or higher.
25. The Program Director **must** have an ongoing involvement in the athletic training profession as evidenced by scholarly publications/presentations and involvement in the profession.
26. Program Director **must** have programmatic administrative and supervisory

assignment that is consistent with other similar assignments within the degree-granting unit at the institution.

27. Program Director **must** have administrative release time. The Program Director's release time **must** be equivalent to similar health care programs in the institution. If no such similar program exists at the institution, then benchmark with peer institutions.
28. Program Director Responsibilities **must** include input to and assurance of the following program features:
    a. Ongoing compliance with the Standards;
    b. Planning, development, implementation, delivery, documentation, and assessment of all components of the curriculum;
    c. Advanced clinical practice experiences;
    d. Programmatic budget.
29. Program Director Qualifications: The Program Director **must** be certified and be in good standing with the Board of Certification (BOC).
30. Program Director Qualifications: The Program Director **must** possess a current state athletic training credential and be in good standing with the state regulatory agency (where applicable).
31. Athletic Training Faculty Qualifications: All faculty assigned and responsible for the instruction of the required program content **must** be qualified through professional preparation and experienced in their respective academic areas as determined by the institution.
32. Athletic Training Faculty Qualifications: All faculty assigned and responsible for the instruction of the required program content **must** be recognized by the institution as having instructional responsibilities.
33. Athletic Training Faculty Qualifications: All faculty assigned and responsible for the instruction of required program content must incorporate the most current athletic training knowledge, skills, and abilities as they pertain to their respective teaching areas.
34. Athletic Training Faculty **must** have an ongoing involvement in the athletic training profession as evidenced by scholarly publications/presentations and involvement in the profession.
35. Athletic Training Faculty Qualifications: All faculty assigned and responsible for instruction of the required program content **must** possess a current state credential and be in good standing with the state regulatory agency (where and when applicable) when teaching hands on athletic training patient care techniques with an actual patient population.
36. Athletic Training Faculty Number: In addition to the Program Director, there **must** be a minimum of one full-time (1.0 FTE) core faculty member as defined in the glossary, dedicated (100% of 1 FTE) to the athletic training program. The faculty members **must** have full faculty rights, responsibilities, privileges, and full college voting rights as defined by institution policy and that are consistent with similar positions at the institution necessary to provide appropriate program representation in institutional decisions.
37. Athletic Training Faculty: Based on the program's student enrollment, the number of athletic training faculty **must** be sufficient to advise and mentor students.

38. Athletic Training Faculty: Based on the program's student enrollment, the number of athletic training faculty **must** be sufficient to meet program outcomes.
39. Medical Director: The program must have a Medical Director. This individual **must** be an MD/DO who is licensed to practice in the state sponsoring the program.
40. Medical Director: The Medical Director **must**, in coordination with the Program Director, serve as a resource and medical content expert for the program.

Program Delivery: Program delivery includes didactic, laboratory, and advanced clinical practice courses.

41. The program **must** assure that the *Post-Professional Core Competencies* are integrated within the program.
42. Clearly written current course syllabi are required for all courses that deliver content related to the *Post-Professional Core Competencies* and **must** be written using clearly stated objectives.
43. Clinical placements **must** be non-discriminatory with respect to race, color, creed, religion, ethnic origin, age, sex, disability, sexual orientation, or other unlawful basis.
44. All clinical education sites **must** be evaluated by the program on an annual and planned basis and the evaluations **must** serve as part of the program's comprehensive assessment plan.
45. The program's students **must** be credentialed and be in good standing with the Board of Certification (BOC) prior to providing athletic training services.
46. The program's students **must** possess a current state athletic training credential and be in good standing with the state regulatory agency (where applicable) prior to providing athletic training services.
47. Course credit **must** be consistent with institutional policy or institutional practice.
48. The number of work hours performed during clinical experiences and graduate assistantship experiences **must** be in compliance with institutional and Federal policy.
49. The program **must** include scholarly experiences designed to improve student critical thinking and decision making.
50. The athletic training faculty **must** be actively involved in advising students in scholarly experiences by providing mentorship and serving as role models.
51. Sufficient time and opportunity **must** be provided within the program for students to engage in scholarly experiences.
52. The program's scholarly experiences **should** lead to dissemination of new knowledge in athletic training.
53. The program's scholarly experiences **should** emphasize clinical research designed to inform athletic training practice.
54. The program **must** include advanced clinical practice experiences designed to improve the students' ability to provide patient care.
55. Sufficient time and opportunity **must** be provided within the program for students to engage in advanced clinical practice experiences.
56. Assessment of student achievement of the advanced clinical practice outcomes and objectives **must** be accounted for via formal academic coursework.
57. Students **must** receive formal and informal feedback regarding their advanced clinical practice performance at regular intervals.

58. The advanced clinical practice experiences must integrate the *Post-Professional Core Competencies.*
59. There **must** be an individualized advanced clinical education plan (individual goals and/or objectives) for each student to improve the students' ability to provide patient care.

Financial Resources

60. The program **must** receive adequate, equitable, and annually available resources necessary to meet the program's needs based on the program's size and documented mission and outcomes. Funding **must** be commensurate with other comparable health care programs. If no such similar program exists at the institution, then benchmark with health care programs at peer institutions.

Facilities and Instructional Resources

61. The classroom and laboratory space **must** be sufficient to deliver the curriculum and must be available for exclusive use during normally scheduled class times.
62. The number and quality of instructional aids **must** meet the needs of the program.
63. The equipment and supplies needed to instruct students in the required program content **must** be available for formal instruction, practice, and clinical education.
64. Library and other Information Sources: Students must have reasonable access to the information resources needed to adequately prepare them for advanced practice and to support the *Post-Professional Core Competencies*. This includes current electronic or print editions of books, periodicals, and other reference materials and tools related to the program outcomes.
65. Offices **must** be provided for program staff and faculty on a consistent basis to allow program administration and confidential student counseling.

Operational Policies and Fair Practices

66. Program Admission, Retention and Advertisement: standards and criteria **must** be identified and publicly accessible.
67. Student, faculty recruitment, student admission, and faculty employment practices **must** be non-discriminatory with respect to race, color, creed, religion, ethnic origin, age, sex, disability, sexual orientation, or other unlawful basis.
68. The program **must** assure equal opportunity for classroom instruction, clinical experience, and other educational activities for all students in the program.
69. All program documents **must** use accurate terminology of the profession and program offered (e.g., BOC certification, accreditation status, and the program title of athletic training).
70. Academic tuition, fees, and other required program specific costs incurred by the student **must** be publicly accessible in official institutional documents.
71. Full financial responsibilities and benefits (e.g., tuition and fees, tuition waivers, financial aid, graduate assistantships) must be provided to the student, in writing, prior to the student committing to attend the institution.

Program Description and Requirements

72. Athletic training faculty and students **must** have a clearly written and consistent description of the academic curriculum available to them.
73. Athletic training faculty and students **must** have a clearly written and consistent

description of the academic curriculum available to them. This description must include program mission, outcomes and objectives.

74. Athletic training faculty and students must have a clearly written and consistent description of the academic curriculum available to them. This description **must** include curriculum and course sequence.
75. Athletic training faculty and students **must** have a clearly written and consistent description of the academic curriculum available to them. This description **must** include program requirements for completion of the degree.
76. The institution **must** have a published procedure available for processing student and faculty grievances.
77. Policies and processes for student withdrawal and for refund of tuition and fees **must** be published in official institutional publications or other announced information sources and made available to applicants.
78. Policies and procedures governing the award of available funding for scholarships administered by the program **must** be accessible by eligible students.

Student Records

79. Program **must** maintain appropriate student records demonstrating progression through the curriculum.
80. Program **must** maintain appropriate student records. These records, at a minimum, **must** include program admission application and supporting documents.
81. Program **must** maintain appropriate student records. These records, at a minimum, **must** include remediation and disciplinary actions (when applicable).
82. Program **must** maintain appropriate student records. These records, at a minimum, **must** include advanced clinical practice experiences.
83. Student records **must** be stored in a secure location(s), either electronic or in print, and be accessible to only designated program personnel.

Glossary:

Advanced clinical practice: the practice of athletic training at a level which requires substantial theoretical knowledge in athletic training and proficient clinical utilization of this knowledge in practice.
Adapted from:
https://www.ncsbn.org/1986_Position_Paper_on_Advanced_Clinical_Nursing_Practice.pdf

Affiliation agreement: formal, written document signed by administrative personnel, who have the authority to act on behalf of the institution or affiliate, from the sponsoring institution and affiliated site. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. Same as the memorandum of understanding.

Appropriate administrative authority: Individuals identified by the host institution and, when applicable, the affiliate who have been authorized to enter an agreement on behalf of the institution or affiliate. The individuals having appropriate administrative authority may vary based on the nature of the agreement.

Aspirational Standards: Standards denoted by the verb "should" are *Aspirational Standards*. In contrast to *Compliance Standards, Aspirational Standards* are not required to ensure minimum educational quality. Instead, *Aspirational Standards* are provided in instances where the CAATE feels that it is important to note a desired state beyond the minimum required for accreditation compliance. *Aspirational Standards* are only recommendations and are NOT utilized to determine program compliance and are NOT used to make accreditation decisions. However, *Aspirational Standards* are important and any non-compliance with an *Aspirational Standard* must be justified.

Assessment plan: See Comprehensive Assessment Plan

Clinical site: A physical area where clinical education occurs.

Compliance Standards: *Compliance Standards* represent the minimum education standards for quality that are required to demonstrate accreditation compliance. Accreditation decisions are only made based upon program compliance with *Compliance Standards*.

Comprehensive Assessment Plan: The process of identifying program outcomes, collecting relevant data, and analyzing those data, then making a judgment on the efficacy of the program in meeting its goals and objectives. When applicable, remedial or corrective changes are made in the program.

Course/coursework: Courses involve classroom (didactic), laboratory, and clinical learning experience.

Degree: The award conferred by the college or university that indicates the level of education (masters or doctorate) that the student has successfully completed in athletic training.

Faculty: An individual who has full faculty status, rights, responsibilities, privileges, and full college voting rights as defined by institution policy and that are consistent with similar positions at the institution necessary to provide appropriate program representation in institutional decisions. Additional faculty are defined as follows:

> **Core Faculty:** Administrative or teaching faculty devoted to the program that has full faculty status, rights, responsibilities, privileges, and full college voting rights as defined by the institution. This person is appointed to teach athletic training courses, advise and mentor students in the AT program. At minimum, the **core faculty** must include the Program Director and one (1) additional faculty member. **Core faculty** report to and are evaluated and assigned responsibilities exclusively by the administrator (Chair or Dean) of the academic unit in which the program is housed.
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> **Associated Faculty:** Individual(s) with a split appointment between the program and another institutional entity (e.g., athletics or another institutional department). These faculty members are evaluated and assigned responsibilities by two different supervisors.
>
> **Adjunct Faculty:** Individual contracted to provide course instruction on a full-course or partial-course basis, but whose primary employment is elsewhere inside or outside the institution. Adjunct faculty may be paid or unpaid.

Fees: Institutional charges incurred by the student other than tuition and excluding room and board.

Goals: The primary or desired results needed to meet an outcome. These are usually larger and longer term than objectives.

Health Care Professional: Athletic Trainer, Chiropractor, Dentist, Registered Dietician, Emergency Medical Technician, Nurse Practitioner, Nutritionist, Paramedic, Occupational Therapist, Optometrist, Orthotist, Physician (MD/DO), Pharmacist, Physical Therapist, Physician Assistant, Podiatrist, Prosthetist, Psychologist, Registered Nurse or Social Worker who hold a current active state or national practice credential and/or certification in the discipline and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of Athletic Training. These individuals may or may not hold formal appointments to the instructional faculty.

Higher education accrediting agency: An organization that evaluates post-secondary educational institutions.

Institutional Aggregate data: Institutional aggregate data must include, but is not limited to: retention rate, graduation rates, transfer-out rates, graduation rates for students receiving athletically related student aid, transfer-out rates for students receiving athletically related

student aid, job placement for graduates, job placement rates for graduates, graduate and professional education placement for graduates.

Laboratory: A setting where students practice skills on a simulated patient (i.e., role playing) in a controlled environment.

Medical director: The physician who serves as a resource regarding the program's medical content. There is no requirement that the medical director participates in the clinical delivery of the program.

Memorandum of understanding (MOU): Similar to an affiliation agreement, but tends not to include legally-binding language or intent. must

Must: A verb used to denote that a standard is a *Compliance Standard* that is required to ensure minimal educational quality.

Objectives: Sub-goals required to meet the larger goal. Generally objectives are more focused and shorter-term than the overriding goal.

Outcome (program): The quantification of the program's ability to meet its published mission. The outcome is generally formed by multiple goals and objectives. For example, based on the evaluation of the goals associated with the outcomes, each outcome may be measured as "met," "partially met," or "not met."

Outcome assessment instruments: A collection of documents used to measure the program's progress towards meeting its published outcomes. Examples of outcomes assessment instruments include course evaluation forms, employer surveys, alumni surveys, student evaluation forms, preceptor evaluation forms, and so on.

Physician: A medical doctor (MD) or doctor of osteopathic medicine (DO) who possesses the appropriate state licensure.

Preceptor: A certified/licensed professional who teaches and evaluates students in a clinical setting using an actual patient base.

Professional development: Continuing education opportunities and professional enhancement, typically is offered through the participation in symposia, conferences, and in-services that allow for the continuation of eligibility for professional credentials.

Program Director: The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the implementation, delivery, and administration of the AT program.

Release time (reassigned work load): A reduction in the base teaching load to allow for the administrative functions associated with functioning as the Program Director and/or clinical coordinator.

Required program content: Required content that encompasses the *Post-Professional Core Competencies* and content necessary to achieve all aspects of the program's (didactic, scholarly experience, advanced clinical practice) outcomes.

Retention: Matriculating through the AT program culminating in graduation.

Retention rate: A time-based measure of the number of students who are enrolled at the start of the period being studied (e.g., 1 year, 4 years) versus those enrolled at the end of the period. Retention rate is calculated as: number at end/number at start * 100.

Scholarly experiences: Any activity that promotes the intellectual and creative process and involves generating, transmitting, applying, and preserving knowledge for the benefit of external audiences.

Should: A verb used to denote that a standard is an *Aspirational Standard* that is recommended to achieve a desired state that is beyond minimal educational quality.

Similar academic institution (Syn: Peer institution): Institutions of comparable size, academic mission, and other criteria used for comparing metrics. Many institutions publish a list of peer institutions.

Sponsoring institution: The college or university that offers the academic program and awards the degree associated with the athletic training program.

Stakeholder: Those who are affected by the program's outcomes. Examples include the public, employers, the Board of Certification, Inc., and alumni.