



2020 Professional Curricular Content Standards Clarification

The Commission has received two inquiries concerning the specific language used for demonstrating compliance in the Curricular Content Standards of the 2020 Standards for Accreditation of Professional Athletic Training Programs. In response to program inquiries, the Commission would like to provide clarity regarding the language contained in the second and third bullets of 'How to Address this Standard' of the Curricular Content Standards 56-94. The language in question can be read below:

Curricular Content Standards 56-94 Compliance Language

How to Address This Standard

- List the objectives and/or daily/weekly schedule from the course syllabi that are associated with this Standard (include the course prefix and course number with each objective).
- Describe the learning experiences (didactic **and athletic training clinical experience**¹) associated with this standard and how student performance is assessed.
- Provide examples (didactic **and athletic training clinical experience**) of outcome data used to verify an acceptable level of student performance.

Inquiry # 1: The question was raised whether the language within the second and third bullet points of the compliance statement should be changed to “**OR**” rather than “**AND**” indicating the programs can choose where those learning experiences occur (didactic or **athletic training clinical experience**) and are assessed (didactic or **athletic training clinical experience**).

Inquiry #2: Another option proposed would be to change the term “**athletic training clinical experience**” to “**clinical education**”², so that programs are allowed to use simulation to provide and assess learning experiences (didactic **and athletic training clinical experience**) if the opportunity to perform the skill does not arise during an **athletic training clinical experience**.

The Commission has decided against any language changes to the compliance statements for the Curricular Content Standards of the 2020 Standards for Accreditation of Professional Athletic Training Programs (Standards 56-94) for the reasons explained below.

In response to Inquiry #1 suggesting a language change within the compliance statement from “**AND**” to “**OR**”, the Commission believes that a program is required to ensure that learning experiences take place both in the didactic and athletic training clinical experience settings, thus bridging the gap between didactic and clinical learning opportunities. The concern with using the “**OR**” option is that all curricular content can then be extracted from clinical experiences and taught and assessed only in a didactic setting. The integration of learning experiences across both didactic and clinical experiences is fundamental to creating sound learning experiences and a variety of teaching methods, including simulation, can be used to create and assess authentic learning experiences in both environments.

In response to inquiry #2, the Commission does not support the wording from “**athletic training clinical experiences**” to “**clinical education**” for several reasons. Below is the **athletic training clinical experience definition** for reference:

Athletic training clinical experience: Direct client/patient care guided by a preceptor who is an athletic trainer or physician. Athletic training clinical experiences are used to verify students' abilities to meet

the curricular content standards. When direct client/patient care opportunities are not available, simulation may be used for this verification. See also Clinical education.

The first reason is that the **athletic training clinical experiences** definition indicates, ‘when client/patient care opportunities are not available, **simulation** may be used for this verification’. This means that **simulation** is allowed within the Curricular Content standards as currently written. In particular, a program can use **simulation** within both didactic and athletic training clinical experience to create learning opportunities for conditions or situations that may not consistently occur. As a point of reference, the definition for **simulation** is purposely broad and includes a variety of techniques/methods to replace real experiences.

Simulation: An educational technique, not a technology, to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner.¹⁴ See also **Clinical education**.

For example, a program may use **simulation** in both the didactic and clinical environment to replicate a life-threatening or emergent condition such as an exertional heat illness case. In the context of this case, the program can use a variety of simulation methods in order to provide a student the opportunity to perform the necessary skills for evaluating and managing the patient including activating an emergency action plan, completing a patient assessment (history and physical examination which includes the use of rectal thermometry), communicating with other healthcare providers, and using evidence-based treatment methods such as cold water immersion.

Second, changing the term “**athletic training clinical experience**” to “**clinical education**” is problematic given that the **clinical education** is defined broadly to include all types of learning opportunities that occur clinically. Replacing “**athletic training clinical experiences**” with “**clinical education**” would allow the program to use **supplemental clinical experiences**³ to assess the curricular content. Per the **supplemental clinical experience** definition, any healthcare professional can precept a **supplemental clinical experience**. This is not the intent of the Standard and runs counter to Standard 46, which states that ‘preceptors who are athletic trainers or physicians assess students’ abilities to meet the curricular content standards.

Standard 46: Preceptors function to supervise, instruct, and mentor students during clinical education in accordance with the program’s policies and procedures. **Preceptors who are athletic trainers or physicians assess** students’ abilities to meet the curricular content standards (Standards 56 through 94).

In summary, the language of the Curricular Content Standards (Standards 56-94) will remain unchanged. A program will need to describe learning experiences (didactic **and athletic training clinical experience**) associated with this standard and how student performance is assessed, in addition to providing examples (didactic **and athletic training clinical experience**) of outcome data used to verify an acceptable level of student performance.

¹*Athletic training clinical experience: Direct client/patient care guided by a preceptor who is an athletic trainer or physician. Athletic training clinical experiences are used to verify students’ abilities to meet the curricular content standards. When direct client/patient care opportunities are not available, simulation may be used for this verification. See also Clinical education.*

²*Clinical education: A broad umbrella term that includes three types of learning opportunities to prepare students for independent clinical practice: athletic training clinical experiences, simulation, and supplemental clinical experiences.*

³*Supplemental clinical experiences: Learning opportunities supervised by health care providers other than athletic trainers or physicians. See also Clinical education.*