



CAATE

Substantive Change Level of Degree 2020 Standards

Standards 9, 10, 12, 14, 19, 20, 24, 28, 37, 39, 41, CC

The purpose of the Commission on Accreditation of Athletic Training Education (CAATE) is to develop, maintain, and promote appropriate minimum education standards for quality of professional (entry-level) athletic training programs.

The Standards for the Academic Accreditation of Professional Athletic Training Programs (Standards) are used to prepare entry-level athletic trainers. Each institution is responsible for demonstrating compliance with these Standards to obtain and maintain recognition as a CAATE accredited professional athletic training 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 athletic training programs. Via comprehensive and annual review processes, 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 also contain a glossary of terms used throughout the process; the definition provided in the glossary must be applied as stated.

Professional Programs transitioning from a baccalaureate to a post-baccalaureate degree who are in good standing with the CAATE and in mid-cycle for accreditation may apply for continuing accreditation through this Substantive Change Request for Change in Degree Document. **Programs who are transitioning to the master's degree must have approval from their respective institution and state and/or regional accreditor (if applicable) prior to submission of substantive change (mini self-study) materials.** The Notification of Intent form must be uploaded to the substantive change tab via eAccreditation prior to your preferred intent deadline (see the dates below and check the available spots per cycle document on the CAATE website). Once submitted, you will be invoiced electronically for \$3000. Please follow the instructions on the invoice for payment. The Mini Self-Study will not be available in eAccreditation until payment is received. Once payment is received the program will be included in the Degree Substantive Change Review Cycle. The Substantive Change Application (mini self-study) and all materials must be completed in eAccreditation no later than submission deadline associated with your intent date (see table of dates below). All materials submitted become the property of CAATE and will not be returned. All fees submitted are non-refundable and due at the time of application. **Failure to submit the application by the deadline will result in forfeiting the \$3000 application fee.** This substantive change application does not extend continuing accreditation past the original review date. Application for a substantive change does not guarantee the change will be accepted. After review of materials, the CAATE may deem that an on-site visit is necessary to ensure compliance with the Standards. If an on-site review is required, the institution will be charged a site visit fee of an additional \$3000 (\$6000 total) to cover expenses associated with the site visit.

Substantive Change Document 2020 Standards and Instructions

* Please note the responses to these Standards should be written reflecting the master's program.

As a reminder all Directory information (Faculty, Students, Clinical Sites, Preceptors), should reflect what is currently taking place and not what will take place in the future.

We realize there is potential that the program will not have graduate students at the time the mini self-study is submitted. In those instances (as described in the Standards) you must submit mock documentation (i.e., individual clinical assignment table, etc).

The first degree change cycle that will write to the 2020 Standards will be the June 1, 2019 – August 1, 2019 cycle. Thus, any program with a mini self-study due date of August 1, 2019 and beyond will complete the mini self-study using the 2020 Standards. The mini self-study for this cycle will open on June 1, 2019.

Explanations for the glossary terms (highlighted in red within the Standards) are located at the end of the Guide to the 2020 Standards.

Commission on Accreditation of Athletic Training Education
2020 Standards for Accreditation of Professional Athletic Training Programs
for Substantive Change Level of Degree
Master's Degree Programs
Adoption Date of this Document: October 2018

SECTION II PROGRAM DELIVERY

Standard 9 All courses used to fulfill athletic training clinical experience requirements and to meet the curricular content standards (Standards 56 through 94) are delivered at the graduate level.

Annotation Graduate-level courses award graduate credit. The determination of whether a course is graduate level is made by the institution.

How to Address This Standard

- Describe the institutional requirements for graduate-level courses. If the program is a hybrid structure (for example, a 3+2 accelerated baccalaureate program), provide a narrative that explains how the program officially enrolls students into the **professional program** and at what point graduate-level coursework, as identified by the institution, begins.

Uploads

- Institutional policy verifying how the institution identifies graduate-level coursework
- Curriculum course sequence

Standard 10 Students fulfill all athletic training clinical experience requirements and curricular content standards (Standards 56 through 94) within the professional program.

Annotation Fulfillment of athletic training clinical experience requirements and curricular content standards prior to enrollment in the professional program is not sufficient to meet this standard. Athletic training clinical experiences must occur throughout the professional program.

How to Address This Standard

- Describe the process by which the program officially enrolls students into the **professional program**, and at what point integration of professional content and athletic training clinical experiences commences.

Uploads

- Curriculum course sequence

*Standard and Annotation: updated the clinical experience term by changing it to 'athletic training clinical experience' and/or 'supplemental clinical experience.' Approved by Commission on June 12th, 2018

Standard 12 Course credits are consistent with institutional policy or institutional practice.

Annotation Policy or practice must address credit allocation for all types of courses (for example, didactic, practicum, with associated athletic training and/or supplemental clinical experience components).

How to Address This Standard

- If no institutional policy exists, describe how course credit allocation is consistent with institutional practice.

Uploads

- Institutional policy on how graduate credit hours are granted for academic courses

*Standard and Annotation: updated the clinical experience term by changing it to 'athletic training clinical experience' and/or 'supplemental clinical experience.' Approved by Commission on June 12th, 2018

Standard 14 A program's **clinical education** requirements are met through graduate courses and span a minimum of two **academic years**.

How to Address This Standard

- List the courses (course number and title) that include clinical education requirements and when each occurs in the program.

Uploads

- Curricular course sequence
- Syllabus for each course with **clinical education** requirements

SECTION III: INSTITUTIONAL ORGANIZATION AND ADMINISTRATION

Standard 19 The sponsoring institution is 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 postsecondary education. For programs outside of the United States, the institution must be authorized to provide postsecondary education, and the program must be delivered in the English language.

How to Address This Standard

N/A

Uploads

- Documentation verifying the institution is accredited by an agency recognized by the United States Department of Education or by the Council for Higher Education Accreditation (If outside the United States, provide documentation verifying that the institution is authorized to provide postsecondary education and that the program is delivered in the English language.)

Standard 20 **Professional programs** result in the granting of a master's degree in athletic training. The program must be identified as an academic athletic training degree in institutional publications.

Annotation The CAATE recommends a Master of Athletic Training degree. The degree must appear on the official transcript, similar to normal designations for other degrees at the institution. International programs must use language consistent with the host country's nomenclature and have CAATE approval of that language.

How to Address This Standard

- Describe how the program is listed as a master's degree in institutional public documents.

Uploads

- Provide documentation verifying institutional and state approval was granted for the master's degree in athletic training.
- Provide documentation verifying state approval was granted for the master's degree in athletic training. Alternatively, if state approval is not required, and program has appropriate documentation stating approval is not needed.

- Provide documentation verifying regional accreditor approval was granted for the master's degree in athletic training. Alternatively, if regional accreditor approval is not required, provide documentation that such approval is not needed.

Standard 24 Prospective and enrolled students are provided with relevant and accurate information about the institution and program. Available information must include the following:

...

24K Information about **athletic training and supplemental clinical experiences**, including travel expectations to **clinical sites**

...

Annotation: Information may be institutional and not specific to the athletic training program.

How to Address This Standard

- Describe how prospective and enrolled students are informed and have access to the information that meets **only Standard 24K**.
- Describe how the program ensures the information that meets **only Standard 24K** is publicly accessible.

Uploads

- The written policy/procedure or the URL of the page where the policy/procedure is found.
-

Standard 28 Admission of students to the **professional program** is made in accordance with the program's identified criteria and processes, which are made publicly available.

Annotation: Admissions criteria and processes must be consistently reported anywhere they are published.

How to Address This Standard

- Describe the program's criteria and processes used for admissions of students into the program.
- Describe how the program ensures each of the admission criteria and processes are consistently reported and publicly accessible.

Uploads

- The URL of each site that describes the admissions process
- The URL of each site that describes criteria for admission
- A blank application packet for student admission to the professional program

Standard 37 The program director is a full-time faculty member whose primary assignment is to the athletic training program. The program director's experience and qualifications include the following:

- An earned doctoral degree
- **Contemporary expertise** in the field of athletic training
- Certification and good standing with the Board of Certification
- Current state athletic training credential and good standing with the state regulatory agency in the state in which the program is housed (in states with regulation)
- Previous clinical practice as an athletic trainer
- **Scholarship**
- Previous full-time academic appointment with teaching responsibilities at the postsecondary level

Annotation: The program director's faculty status, rights, and responsibilities are consistent with similar positions at the institution and provide appropriate program representation in institutional decisions.

Any person who is employed as a program director in a CAATE-accredited program as of July 1, 2020, will remain eligible for employment as a program director at a CAATE-accredited institution without an earned doctoral degree.

How to Address This Standard

- Describe the program director's qualifications, including the following:
 - An earned doctoral degree (unless already employed as a program director at the time of implementation of the 2020 Standards)
 - **Scholarship**
 - Previous full-time academic appointment with teaching responsibilities at the postsecondary level
- Describe how the program director fulfills the definition of **contemporary expertise** in the field of athletic training.

Uploads

- Verification that the program director's rights, privileges, and responsibilities are consistent with similar positions at the institution
- Verification of current BOC certification
- Verification of the program director's state athletic training license (as applicable)
- Verification NPI number with appropriate healthcare field designation
- The program director's curriculum vitae
- Contemporary Expertise Table
- Evidence of employment as a program director at the time of implementation of the 2020 Standards (needed only if the program director does not have an earned doctorate)

* Uploads: added bullet 'Verification of NPI number with appropriate healthcare field designation'; Approved by Commission on June 11th, 2019

Standard 39 The coordinator of clinical education is a **core faculty** member whose primary appointment is to the athletic training program and who has responsibility to direct clinical education. The coordinator of clinical education's experience and qualifications include the following:

- **Contemporary expertise** in athletic training
- **Certification and good standing with the Board of Certification**
- **Possession of a current state athletic training credential and good standing with the state regulatory agency in the state in which the program is housed (in states with regulation)**
- **Previous clinical practice in athletic training**

Annotation: The title of this individual is determined by the institution, and the position should be consistent with the responsibilities of others at the institution who have similar roles. This individual is not the same person as the program director.

How to Address This Standard

- Describe the qualifications of coordinator of clinical education, including previous clinical practice in athletic training.
- Describe how the coordinator of clinical education fulfills the definition of **contemporary expertise** in the field of athletic training.

Uploads

- The curriculum vitae of the coordinator of clinical education

- Verification of the faculty status of the coordinator of clinical education
- Verification of current BOC certification of the coordinator of clinical education
- Verification NPI number with appropriate healthcare field designation
- Verification of the state athletic training license of the coordinator of clinical education (as applicable)
- Verification that the rights, privileges, and responsibilities of the coordinator of clinical education are consistent with similar positions at the institution
- Contemporary Expertise Table

* Uploads: added bullet 'Verification of NPI number with appropriate healthcare field designation'; Approved by Commission on June 11th, 2019

Standard 41 Program faculty numbers are sufficient to meet the needs of the athletic training program and must include a minimum of three core faculty.

Annotation Program faculty may include core faculty, associated faculty, and adjunct faculty. The needs of the program include advising and mentoring students, meeting program outcomes, scholarship, program administration, recruiting and admissions, and offering courses on a regular and planned basis.

Programs are required to have sufficient numbers of faculty to meet the needs of the athletic training program by the date of the implementation of these standards. Compliance with the requirement that the program has a minimum of three core faculty is required after July 1, 2023. Until July 1, 2023 programs will be required to maintain compliance with the 2012 Standard (Standard 30) requiring a minimum of two core faculty.

How to Address This Standard

- Describe how the number of program faculty members is sufficient to meet the needs of the athletic training program.
- Ensure that the faculty Profile in Directory is current

* Annotation: added language 'Until July 1, 2023 programs will be required to maintain compliance with the 2012 Standard (Standard 30) requiring a minimum of two core faculty.' Approved by Commission on August 14th, 2018

SECTION IV: CURRICULAR CONTENT

Standards 55-94

How to address this Standard (N/A)

Uploads:

- Curricular Content Table

(A link to the Table can be found in eAccreditation under the (CC) button and on the CAATE Website (<https://caate.net/substantive-documents/>)

Glossary

Academic year: Customary annual period of sessions at an institution. The academic year is defined by the institution.

Action plan for correction of BOC examination pass-rate deficiency:

- A. A review and analysis of the program's previously submitted action plans. This should include
 1. any assessment data used to evaluate the previous action plan,
 2. a discussion of strategies that have and have not worked, and
 3. any revisions that have been made to the previous action plan based on subsequent assessment data.
- B. Analysis of the program's current BOC examination pass rate (for the most recent three years) and progress toward compliance, including
 1. the number of students enrolled in the program in each of the past three years,
 2. the number of students who have attempted the exam in each of the past three years,
 3. the cohort-by-cohort first-time pass rate for each of the past three exam cohorts, and
 4. the three-year aggregate first-time pass rate for each of the past three years.
- C. Projection for the program's anticipated exam outcomes for next year.

This is an analysis of how well the program believes its new action plan (see below) will improve exam performance for the next exam cohort and how they expect this to affect their three-year aggregate first-time pass rate in the next year. The analysis must include

1. an analysis of the number of students expected to take the exam in the next year, based on current enrollment;
2. a conservative estimated annual first-time pass rate for the upcoming year, given the steps outlined in the action plan (see below) and current student potential;
3. a conservative estimated three-year aggregate first-time pass rate for the upcoming year, based on the projection provided (see above); and
4. a narrative discussing the likelihood that the program will come into compliance with Standard 6 in the next year, given the data provided in C.1, C.2, and C.3 above.

The action plan, developed as part of the analytic progress report, must include all of the elements identified in Standard 5. These include

1. developing targeted goals and action plans to achieve the desired outcomes,
 2. stating the time lines for reaching the outcomes, and
 3. identifying the person or persons responsible for each element of the action plan.
- D. Updating the elements of the action plan as they are met or as circumstances change.

Adjunct faculty: Individuals 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.

Affiliation agreement: A formal agreement between the program's institution and a facility where the program wants to send its students for course-related and required off-campus **clinical education**. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. *See also* **Memorandum of understanding**.

Assessment plan: A description of the process used to evaluate the extent to which the program is meeting its stated educational **mission, goals, and outcomes**. The assessment plan involves the collection of information from a variety of sources and must incorporate assessment of the quality of instruction (didactic and clinical), quality of **clinical education**, student learning, and overall program effectiveness. The formal assessment plan must also

include the required student achievement measures identified in Standard 5. The assessment plan is part of the **framework**.

Associated faculty: Individuals with a split appointment between the program and another institutional entity (for example, athletics, another program, or another institutional department). These faculty members may be evaluated and assigned responsibilities by multiple supervisors.

Athletic trainer: Health care professionals who render service or treatment, under the direction of or in collaboration with a **physician**, in accordance with their education and training and the state's statutes, rules, and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention, and rehabilitation of injuries and medical conditions. An athletic trainer is state credentialed (in states with regulation), certified, and in good standing with the Board of Certification.

*Added 'An athletic trainer is state credentialed (in states with regulation), certified and in good standing with the Board of Certification' to the definition; approved by Commission on February 1, 2019

Athletic training clinical experiences: 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**.

*Definition added; approved by Commission on June 12, 2018

Biometrics: Measurement and analysis of physical characteristics and activity.

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**.

Clinical site: A facility where a student is engaged in clinical education.

Contemporary expertise: Knowledge and training of current concepts and best practices in routine areas of athletic training, which can include prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Contemporary expertise is achieved through mechanisms such as advanced education, clinical practice experiences, clinical research, other forms of scholarship, and continuing education. It may include specialization in one or more of the identified areas of athletic training practice. An individual's role within the athletic training program should be directly related to the person's contemporary expertise.

Core faculty: Faculty with full faculty status, rights, responsibilities, privileges, and college voting rights as defined by the institution and who have primary responsibility to the program. These faculty members are appointed to teach athletic training courses, advise, and mentor students in the athletic training program. Core, full-time faculty report to, are evaluated by, and are assigned responsibilities by the administrator (chair or dean), in consultation with the program director, of the academic unit in which the program is housed. A core faculty member must be an **athletic trainer** or **physician**.

*Added last sentence 'A core faculty member must be an athletic trainer or physician' to the definition; approved by Commission on February 1, 2019

Durable medical equipment: Equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of an illness or injury, and is appropriate for use in the home.²

Electronic health record: A real-time, patient-centered, and HIPAA-compliant digital version of a patient's paper chart that can be created and managed by authorized providers across more than one health care organization.

Evidence-based practice: The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of an individual patient. The practice of evidence-based medicine involves the integration of individual clinical expertise with the best available external clinical evidence from systematic research. Evidence-based practice involves the integration of best research evidence with clinical expertise and patient values and circumstances to make decisions about the care of individual patients.³

Faculty: See [Adjunct faculty](#); [Associated faculty](#); [Core faculty](#).

First-time pass rate on the Board of Certification examination: The percentage of students who take the Board of Certification examination and pass it on the first attempt. Programs must post the following data for the past three years on their website: the number of students graduating from the program who took the examination; the number and percentage of students who passed the examination on the first attempt; and the overall number and percentage of students who passed the examination, regardless of the number of attempts.

Foundational knowledge: Content that serves as the basis for applied learning in an athletic training curriculum.

Framework: A description of essential program elements and how they're connected, including core principles, strategic planning, curricular design (for example, teaching and learning methods), curricular planning and sequencing, and the [assessment plan](#) (including [goals](#) and outcome measures).

Goals: Specific statements of educational intention that describe what must be achieved for a program to meet its [mission](#).

Graduate placement rate: Percentage of students within six months of graduation who have obtained positions in the following categories: employed as an athletic trainer, employed as other, and not employed. Programs must post the following data for the past three years on their website: the number of students who graduated from the program, the number and percentage of students employed as an athletic trainer, the number and percentage of students employed as other, and the number and percentage of students not employed.

Health care providers: Individuals who hold a current credential to practice the discipline in the state 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.

Health care informatics: The interdisciplinary study of the design, development, adoption, and application of information-technology-based innovations in the delivery, management, and planning of health care services.⁴

Health literacy: The degree to which an individual has the capacity to obtain, process, and understand basic health information and services in order to make appropriate health decisions.⁵

Immersive clinical experience: A practice-intensive experience that allows the student to experience the totality of care provided by [athletic trainers](#).

International Classification of Functioning, Disability, and Health (ICF): A conceptual model that provides a framework for clinical practice and research. The ICF is the preferred model for the athletic training profession.⁶

Interprofessional education: When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.⁷

Interprofessional practice: The ability to interact with, and learn with and from, other health professionals in a manner that optimizes the quality of care provided to individual patients.

Medical director: Currently licensed allopathic or osteopathic **physician** who is certified by an ABMS- or AOA-approved specialty board and who serves as a resource regarding the program's medical content.

Memorandum of understanding: Document describing a bilateral agreement between parties. This document generally lacks the binding power of a contract.

Mission: A formal summary of the aims and values of an institution or organization, college/division, department, or program.

Outcomes: Indicators of achievement that may be quantitative or qualitative.

Patient-centered care: Care that is respectful of, and responsive to, the preferences, needs, and values of an individual patient, ensuring that patient values guide all clinical decisions. 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 the promotion of a healthy lifestyle.⁸

Physician: Health care provider licensed to practice allopathic or osteopathic medicine.

Physiological monitoring systems: Ongoing measurement of a physiological characteristic. Examples include heart rate monitors, pedometers, and accelerometers.

Preceptor: Preceptors supervise and engage students in clinical education. All preceptors must be licensed health care professionals and be credentialed by the state in which they practice. Preceptors who are **athletic trainers** are state credentialed (in states with regulation), certified, and in good standing with the Board of Certification. A preceptor's licensure must be appropriate to his or her profession. Preceptors must not be currently enrolled in the professional athletic training program at the institution. Preceptors for athletic training clinical experiences identified in Standards 14 through 18 must be **athletic trainers** or **physicians**.

Professionalism: Relates to personal qualities of honesty, reliability, accountability, patience, modesty, and self-control. It is exhibited through delivery of **patient-centered care**, participation as a member of an interdisciplinary team, commitment to continuous **quality improvement**, ethical behavior, a respectful demeanor toward all persons, compassion, a willingness to serve others, and sensitivity to the concerns of diverse patient populations.⁹

Professional preparation: The preparation of a student who is in the process of becoming an athletic trainer (AT). Professional education culminates with eligibility for Board of Certification (BOC) certification and appropriate state credentialing.

Professional program: The graduate-level coursework that instructs students on the knowledge, skills, and clinical experiences necessary to become an athletic trainer, spanning a minimum of two **academic years**.

Professional socialization: Process by which an individual acquires the attitudes, values and ethics, norms, skills, and knowledge of a subculture of a health care profession.¹⁰

Program graduation rate: Measures the progress of students who began their studies as full-time degree-seeking students by showing the percentage of these students who complete their degree within 150% of “normal time” for completing the program in which they are enrolled. Programs must post the following data for the past three years on their website: the number of students admitted to the program, the number of students who graduated, and the percentage of students who graduated.

Program personnel: All faculty (core, affiliated, and adjunct) and support staff involved with the **professional program**.

Program retention rate: Measures the percentage of students who have enrolled in the **professional program** who return to the institution to continue their studies in the program the following **academic year**. Programs must post the following data for the past three years on their website: the number of students who enrolled in the program, the number of students returning for each subsequent academic year, and the percentage of students returning for each subsequent academic year.

Quality assurance: Systematic process of assessment to ensure that a service is meeting a desired level.

Quality improvement: Systematic and continuous actions that result in measurable improvement in health care services and in the health status of targeted patient groups.¹¹ Quality improvement includes identifying errors and hazards in care; understanding and implementing basic safety design principles such as standardization and simplification; continually understanding and measuring quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and designing and testing interventions to change processes and systems of care, with the objective of improving quality.¹²

Scholarship: Scholarly contributions that are broadly defined in four categories.¹³

- *Scholarship of discovery* contributes to the development or creation of new knowledge.
- *Scholarship of integration* contributes to the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study.
- *Scholarship of application/practice* applies findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community.
- *Scholarship of teaching* contributes to the development of critically reflective knowledge associated with teaching and learning.

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.*

Social determinants of health: The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.¹⁵

Socioeconomic status: The social standing or class of an individual or group, frequently measured in terms of education, income, and occupation. Socioeconomic status has been linked to inequities in access to resources, and it affects psychological and physical health, education, and family well-being.¹⁶

Supervision: Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student’s knowledge and skills as well as the context of care. **Preceptors** must be onsite and have the ability to intervene on behalf of the athletic training student and the

patient. Supervision also must occur in compliance with the state practice act of the state in which the student is engaging in client/patient care.

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

**Definition added; approved by Commission on June 12, 2018*

Technical standards: The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.

Value-based care models: Health care delivery system focused on the value of care delivered rather than on a fee-for-services approach.¹⁷

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