



CAATE

CAATE Update on the Coronavirus: November 2, 2020

While much has changed since our last COVID-19 communication on April 27, 2020, much has remained the same in terms of the challenges of remote instruction, clinical education and student learning of the required curricular content, especially those pertaining to psychomotor skills. The Commission recognizes the significant difficulties of operating athletic training programs during these challenging times. The CAATE has worked diligently to afford programs appropriate flexibility to deal with these difficulties while, at the same time, being vigilant in enforcing the Standards we have set forth to assure programmatic quality and protect students and the public. The CAATE is continually monitoring the responses from the Department of Education, the Council for Higher Education Accreditation (CHEA), the Association of Specialized and Programmatic Accreditors (ASPA) and those of our peer health care accreditors.

As we move into the colder months and concerns regarding the coronavirus throughout the U.S. continue, institutions and entities have developed their own unique coronavirus guidelines and response plans. While many institutions have allowed students to come back to campus, they have instilled procedures around learning via hybrid, in-person and virtual learning models. Some clinical education sites continue to restrict access for nonessential personnel, such as student learners. Subsequently, athletic training programs continue to be impacted in a variety of ways, and with the challenges programs are facing to prepare students for contemporary athletic training practice, the Commission would like to offer the following updates and additional information.

Delayed Program Completion

- In our coronavirus update dated April 27, 2020, the Commission noted programs may need to consider delayed program completion in order to minimally assure quality education and assure compliance with all CAATE standards. Further, programs were asked to notify the Commission if they intended to delay program completion. This communication seeks to clarify the Commission does not view delayed program completion in any negative light. In fact, in many instances, delayed program completion is the responsible response to challenges in finding appropriate clinical placements and teaching and assessing curricular content standards in a manner that would ensure compliance with all accreditation Standards.
- While the Commission requires that programs publish program graduation/completion data as part of the student achievement measures standards, there are currently no quantitative requirements, such as minimum percentage of on-time program completion. The Commission uses the Department of Education (DOE) definition of 150% of “normal time” for students completing the program in which they are enrolled, so it is possible that a delayed program completion of one semester would still allow for programs to report that the students had completed on time. Further, programs are free to provide commentary in their public reporting of their graduation/completion data. For instance, should a program need to significantly delay

program completion due to their institutional COVID-19 response, this could be detailed in their public reporting.

- Programs must adequately teach and assess the necessary curricular content standards. If programs are unable to adequately teach and assess psychomotor skills or deliver appropriate clinical experiences, they may be forced to consider a strategy for delayed program completion until such time as the program can assure each student's education includes the appropriate psychomotor learning experiences.
 - Each program determines how the curricular content standards are taught and assessed. The Commission has previously approved the use of both simulation and telemedicine/telehealth, so programs will have varying degrees of need related to in-person teaching and assessments. However, if a program's assessment plan calls for certain skills to be learned and taught in-person, then the plan must be appropriately altered, or the skills must actually be learned and taught in-person.
 - While the Commission has promoted maximum flexibility regarding distance learning and clinical education, there is no circumstance in which all elements of in-person/face-to-face clinical learning and psychomotor skills assessments can be supplemented via distance learning/technology solutions.
 - Therefore, if campus closures and/or lack of access to adequate clinical experiences precludes the adequate teaching and assessment of psychomotor skills, then programs must delay program completion until such time as access to in-person training allows for the adequate teaching and assessment of psychomotor skill.
- Program completion, whether on-time or delayed, serves as a public attestation that a program was able to deliver a quality educational experience consistent with those detailed by the accreditation standards. Further, program completion in the era of COVID-19 still attests that graduates should reasonably assume an equivalent ability to perform on the Board of Certification (BOC) examination and perform clinically as they enter their chosen health care profession and begin to care for patients and clients as those who completed the program prior to the coronavirus pandemic.
- The Commission recognizes that delays in a student's program completion may impact their BOC exam eligibility and entry into the workforce. The Commission continues to work with the BOC, which has prepared its own communication regarding the potential impact of delayed program completion due to the coronavirus response policies on BOC exam eligibility. All questions regarding BOC exam eligibility should be directed to the BOC via email at exam@bocatc.org or by phone at 1 (877) 262-3926.
- At this time, prior Commission approval will not be required for programs needing to delay program completion as long as the program has appropriate institutional, state and regional accreditor approval to do so. However, ***programs that choose to implement a delayed program completion strategy must notify the Commission immediately.*** A letter describing the delayed program completion plan that is signed/dated by the provost/chief academic officer must be submitted through the Substantive Change tab within eAccreditation. Note that this represents a material change from our previous communication to programs where we only requested that programs notify the Commission of delayed program completion. **This notification is now required.**

- The Commission will not govern under what circumstances programs determine when or how they will extend program length. Issues such as tuition costs, fees, etc., are largely institutional issues. However, programs are responsible for articulating such changes in a clear and timely manner to students.

Programmatic Outcomes/Pass-Rate Standards

- The Commission has listened to and heard the concerns expressed by stakeholders surrounding the disruptive, but unpreventable, cancellation of the March/April 2020 BOC exam and subsequent rescheduling for students due to COVID-19. The Commission is currently evaluating the BOC pass-rate data (we are awaiting the pending October/November 2020 pass-rate results). In addition, the Commission has assembled a task force that is further evaluating the data, benchmarking with peer health care accreditors, reviewing CHEA and DOE guidance regarding programmatic outcomes, and will make recommendations to the Board regarding how to best respond to stakeholder concerns.
- At this time, the Commission does not anticipate any changes related to our pass-rate standards. However, potential changes regarding the Commission response to noncompliance with the Standards may be considered. It is our goal to clarify our position regarding the potential impact of COVID-19 on programmatic pass rates, and how the Commission responds to noncompliance, following our November board meeting. As a health professions accrediting body, we have a major obligation to students and the public to assure that minimum quality is assured in our educational programs. While certainly not the only quality indicator, our pass-rate standards remain bright line quality standards from which prospective students and the public can gauge programmatic quality.
- Ultimately, the pass-rate Standards are designed to help assure minimum program quality. While COVID-19 has presented many challenges, institutions are publicly affirming their ability to continually deliver appropriate educational quality by virtue of continuing to matriculate students and move them through a program of study, in most instances without delay.
- Should programs deem it necessary to make COVID-19-related changes, such as extensive use of distance learning, that they believe negatively impact student/resident learning in the short term, they should seek to implement supplemental learning opportunities. This should take place at an appropriate time prior to program completion, to ensure learners are able to obtain satisfactory programmatic outcomes. Some institutions are making decisions that will likely lead to delayed completion of programmatic requirements for their learners and will need to develop contingency plans in such instances. Each program is responsible to ensure all required content is taught in a manner consistent with adequate student learning to achieve the required programmatic outcomes, including those specific to the BOC pass rate for professional programs.

Clinical Education

- Programs are allowed and can continue to modify their own clinical education policies as long as it is consistent with their own institution's coronavirus response plan. For instance, if a program presently requires a specific minimum number of hours related to clinical education, the program can appropriately modify their own policies. *Note:* The Commission does not presently specify any required minimums for clinical education; these are established programmatically. Prior Commission

approval or Commission notification is not required at this time for altering programmatic clinical education policies.

- Consistent with Standard 17 of the 2020 Standards for Professional Programs, programs were permitted to immediately begin using and continue to use simulation for clinical education, where they deem appropriate, regardless of whether or not they are currently operating under the 2012 or 2020 Standards. Prior Commission approval or Commission notification is not required at this time for using simulation in a manner consistent with the 2020 Standards. Institutions that use simulation and/or telemedicine/telehealth are encouraged (but not required at this time) to develop a programmatic policy detailing a maximum percentage of the total clinical education that can be delivered through one or both of these educational modalities. Such a policy should take into consideration their own unique institutional circumstances, including availability of adequately trained personnel, the best available evidence for incorporating simulation and/or telemedicine/telehealth, and the need to prepare athletic training students for contemporary clinical practice with patients.

Distance Learning

- Programs **can continue** to use distance learning/online learning as required by their own institution's coronavirus guidelines/response plan. Prior Commission approval or Commission notification is not required at this time. The Distance Learning Sites Standards (Standards 106 – 109) of the 2012 Standards for Professional Programs do not apply to programs that are required to move on-campus courses to an online format for a temporary time period as part of a required temporary institutional response to the coronavirus.

Programs are encouraged to stay informed of coronavirus developments through monitoring of valid sources of critical information, including:

- Centers for Disease Control COVID-19 Page: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Department of Health and Human Services: <https://www.hhs.gov/>
- Department of Education COVID-19 Page: <https://www.ed.gov/coronavirus?src=feature>
- National Institutes of Health COVID-19 Page: <https://www.nih.gov/healthinformation/coronavirus>
- American College Health Association COVID-19 Page: https://acha.org/ACHA/Resources/Topics/2019_Novel_Coronavirus_2019-ncov.aspx

The Commission is committed to the health, safety, and well-being of our stakeholders and appreciates your ongoing commitment to student learning and quality assurance. Additional information will be disseminated by the Commission as deemed appropriate. Should you have specific questions or additional concerns, please do not hesitate to contact the CAATE Office at 1 (512) 733-9700.