



CAATE

CAATE Residency and Fellowship Standards

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PREAMBLE

The Standards and Guidelines for the Accreditation of Athletic Training Residency and Fellowship Programs (Standards) are to be used for the development, evaluation, analysis, and maintenance of athletic training residency and fellowship 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; sponsoring organizations are encouraged to develop sound innovative educational approaches that substantially exceed these *Standards*. The *Standards* document also contains a glossary of terms used throughout the process; the definition provided in the glossary must be applied as stated.

Process Overview

The language and global framework of these new 2022 Residency & Fellowship Standards may look different from both the 2014 Residency Standards and 2020 Professional Standards. This was an intentional change to purposely highlight the differences and uniqueness of residency or fellowship programs in athletic training. Residency and fellowship positions are full time clinical positions with an academic role (didactic and scholarship) that are designed to build upon and expand the Athletic Trainer's depth and breadth of knowledge and experience acquired during professional education in a focused specialty or subspecialty area, respectively. As such, the program delivery for residency and fellowship programs have a different intention. Athletic training residents and fellows are already credentialed decision makers who have been practicing within the healthcare system, so the outcomes and assessments within these programs target healthcare providers advancing clinical practice and content expertise in order to improve patient care. The committee reviewed similarly aligned programs across other healthcare professions to determine minimum programmatic requirements as it relates to program delivery.

CAATE Residency & Fellowship Committee Members

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Specialty Areas

The Commission on Accreditation of Athletic Training Education (CAATE) has identified specialty areas of clinical practice for athletic training residency programs in an effort to help guide the development of specialty training in the athletic training profession. The specialty areas of clinical practice identified by the Commission represent areas of specialty in which Athletic Trainers clearly demonstrate advanced patient-care knowledge and skills. Historically, athletic training residency programs selected specialty areas based upon a specific patient population (for example, pediatrics) or body system (such as orthopedics). To help guide the development and advancement of residency programs pursuing accreditation, the Commission established the following eight (8) specialty areas of clinical practice. Programs seeking CAATE

accreditation should design their residency training program within one of the following areas of specialty clinical practice:

CAATE Approved Residency Specialty Areas

- Prevention & Wellness
- Urgent & Emergent Care
- Primary Care
- Orthopaedics
- Rehabilitation
- Behavioral Health
- Pediatrics
- Performance Enhancement

Residency Standards

Residency is a crucial step of professional development between graduate education and autonomous clinical practice in a core specialty as outlined by the CAATE approved specialty areas above. Athletic training residency education occurs in clinical settings that establish the foundation for practice-based and lifelong learning. Certified athletic trainers learn to provide optimal patient care under the structured mentorship of faculty members who not only instruct, but serve as role models of excellence, compassion, professionalism, and scholarship. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing residents to attain the deep medical knowledge, patient care skills, and expertise applicable to their focused area of specialty practice. Formal clinical development, structured didactic curricula, and scholarship within the specialty area are pillars of residency programs to expand upon the foundational knowledge and experience athletic trainers have acquired during professional education.

Fellowship Standards

Fellowship is advanced education and intensive programming beyond a core residency program for certified athletic trainers who desire to enter more subspecialized practice. A subspecialty is a narrow field within specialization. For example, manual therapy may be a subspecialty of rehabilitation and neurotrauma may be a subspecialty of primary care. Specialization and subspecialization can be nested within larger frameworks. Fellowship-trained athletic trainers provide subspecialty care and also core medical care. The prior medical experience and expertise of fellows distinguish them from residents. Formal clinical development, structured didactic curricula, and scholarship within the subspecialty area are pillars of athletic training fellowship programs that expand upon knowledge acquired during completion of residency programs or similar experience routes.

Following ACGME guidelines, athletic training residents and fellows will work a minimum of 40 clinical practice hours and a maximum of 80 cumulative clinical practice and educational work hours per week. Minimum hours were determined per week over a 52-week period, as residency and fellowship programs must be a minimum of 12 consecutive months in length. Minimum requirements are as follows:

- 1664 total clinical practice hours in the specialty/subspecialty (80% of the 40-hour minimum clinical practice work week over 52 weeks)
- 500 total hours of mentored time within the specialty/subspecialty (30% of clinical practice time)
- 260 additional hours of planned didactic education (5 hours/week average)

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Intentional clinical practice will expose the resident and fellow to the diverse spectrum of the specialty or subspecialty area. Intentional scholarship is a component of residency or fellowship education and will be related to patient care within the specialty or subspecialty area. To note, mentored time by a core faculty or affiliate faculty member is likely to be inversely related (higher in the beginning of the program and less as the resident/fellow progresses to autonomous specialty or subspecialty practice).

In addition, residency and fellowship programs must also demonstrate the knowledge, skills, and abilities in the six core competencies as defined by the Accreditation Council for Graduate Medical Education (ACGME). The six core competencies that a program must be designed to address include: 1) practice-based learning and improvement, 2) patient care and procedural skills, 3) systems-based practice, 4) medical knowledge, 5) interpersonal and communication skills, and 6) professionalism. It is the intent of residency and fellowship programs to demonstrate advanced practice and content expertise by interweaving the core competencies throughout the defined specialty and subspecialty area clinically, didactically, and through the demonstration of scholarship as it relates back to patient care.

ACCREDITATION OVERVIEW

This document supports the current version of the Commission on Accreditation of Athletic Training Education (CAATE) *Standards for the Accreditation of Athletic Training Residency and Fellowship Programs*, hereafter referred to as the *Standards* and can be found on CAATE website. Its purpose is to provide step-by-step instructions to athletic training residency and fellowship programs that wish to pursue and or maintain accreditation. In addition, the [CAATE Policy and Procedures manual](#) governs actions for all programs accredited by the CAATE.

Accreditation is a voluntary, non-governmental peer review process that strives to ensure quality and accountability and encourage programmatic improvement. By requesting accreditation, the sponsoring organization of the residency/fellowship program agrees to be assessed against the *Standards*. The sponsoring organization of an accredited residency/fellowship program must comply with these *Standards* and use them to examine, improve and report on its program's growth and achievement. Accreditation involves a process of self-review and peer review, incorporating three major activities:

1. A self-evaluation (self-study) by an institution/organization using the *Standards* in submission of a self-study report to the CAATE.
2. A peer review of the self-study and the institution/organization during an onsite review to confirm the accuracy of the self-study and gather additional evidence of quality.

All programs submitting a self-study are required to pay the [self-study/peer review fee](#) (see below) with the submission of the self-study.

3. A recommendation by the Review Committee, following thorough review of the Peer Review Report, to the CAATE Commission who will make a final decision regarding accreditation.

PURSUING AND MAINTAINING ACCREDITATION OF ATHLETIC TRAINING RESIDENCY AND FELLOWSHIP PROGRAMS

The document is organized according to the following aspects of the accreditation process.

- I. Decision to Seek Accreditation
- II. Conduct a Self-Study of the Program to Ensure It Meets the Standards and Guidelines
- III. Compile a Self-Study Report
- IV. Submit a Self-Study Report
- V. Peer Review of Document and Program through Onsite Review
- VI. Program Response to Onsite Review Report
- VII. Annual Report
- VIII. Substantive Change

I. Decision to Seek Accreditation

Program personnel, in consultation with the appropriate administrators, make a decision to offer an athletic training residency or fellowship program that meets or exceeds the requirements specified in the *Standards*.

Once the decision is made to seek accreditation, the sponsoring organization of the program must register with the CAATE and make formal application for accreditation through eAccreditation. (Registration and information submission is completed via the eAccreditation account that is established at www.CAATE.net) Instructions on creating a new program account can be found [HERE](#).

Formal application requires registration via the eAccreditation account/information and payment of the annual eAccreditation [registration fee](#) (see below).

The program must register in eAccreditation **at least** six months prior to submitting the self-study, however, it is recommended that programs register 12 months or more in advance of self-study submission to ensure timely completion of the self-study and allow for programmatic data to be entered into the system. Application does not guarantee accreditation will be achieved.

The program then begins the comprehensive review process including the self-study and onsite review. The self-study report may only be submitted after all aspects of the program have been approved and implemented by the sponsoring organization. All aspects of the program must be functioning at the time the self-study is submitted. The organization should work closely with the CAATE office staff to allow ample time for the onsite review, review of materials, the submission of a rejoinder, and final review by the Review Committee prior to action taken by the Commission.

Initial Programs Seeking Accreditation:

A Program shall not identify itself privately or publicly to be CAATE-accredited until it receives formal notification of accreditation status from the CAATE. Programs seeking accreditation must include the following language on all publicly available notification(s) including, but not limited to, website, brochures, etc.

“(Name of Institution/Organization is currently seeking accreditation for their new Athletic Training Residency/Fellowship program and is not accredited by the Commission on Accreditation of Athletic Training Education (CAATE). The institution/organization will be submitting a self-study to begin the accreditation process on July 1, ____.”

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II. Conduct a Self-Study

A self-study is the foundation of the voluntary peer review process of accreditation. It is a critical and major component of the ongoing program evaluation process, performed as a cooperative effort by individuals with varied interests in program improvement, including the sponsoring organization's administration, Program Director, core faculty, mentors, affiliate faculty, and residents. For continuing accreditation, alumni and the employers or supervisors of past residents may also be involved.

The self-study process requires a detailed analysis of all aspects of the program including program design and quality, program delivery, institutional organization and administration, and outcomes. The process critically examines a program in structure and substance, evaluates the program's overall effectiveness relative to its mission, framework and its delivery of curricular content, identifies specific strengths and deficiencies, and indicates a plan for necessary modifications and continual program improvements.

The information gathered by the program is used to compile a self-study report, which is submitted to the CAATE via eAccreditation in advance of the onsite review. The self-study is due by July 1, of the year preceding a onsite review. The self-study module in eAccreditation is not available for continuing programs until July 1, one year prior to the submission deadline (e.g. if the self-study is due July 1, 2022, the module becomes available to the program July 1, 2021). Programs seeking initial accreditation may gain access to the self-study module within e-Accreditation up to 2 years prior to submission date. Prior to the self-study module being available, programs should complete the various modules available to them in eAccreditation in preparation for the self-study. The Assessment module provides programs a program-only accessible site to gather and compile information that will be needed in the self-study.

A. Self-Study Plan of Action

1. Convene a committee of individuals who represent the program and whose primary focus is to conduct the self-study and develop the self-study report.
2. Organize the committee early enough to allow ample time to conduct an in-depth, probing self-study. Most sponsoring organizations begin at least one year in advance.
3. The committee should be a manageable size, chaired by the program director and should include core faculty, affiliate faculty, mentors, administrators, current residents, and alumni. Additional individuals from outside of the main self-study committee may serve on subcommittees. Assign each committee member to read the Standards and this document, Pursuing and Maintaining Accreditation of Athletic Training Residency and Fellowship Programs, so the committee can become thoroughly familiar with the task at hand. Committee members should review both documents during the first meeting to clarify any questions or differences of interpretation.

B. Establish a timetable and assign tasks for the completion of the Self-Study.

- C. Collect and summarize existing data about how the program has developed, implemented, and evaluated a framework that describes how the program is designed to achieve its mission and that guides program design, delivery, and assessment. Data should come from conclusions and reports of previous and ongoing program activities and should be distributed to members of the self-study committee.

- D. Begin gathering program information and drafting the self-study report responses that will be entered into eAccreditation.

E. Meet regularly to report on assigned tasks, discuss implications of collected data on the residency/fellowship program, and receive new assignments. The frequency of such meetings generally increases as deadlines approach.

F. Incorporate sufficient quantitative and qualitative information in the self-study report to provide documentation of the program's compliance with the Standards. The final draft of the self-study report should reflect the consensus of the self-study committee.

III. Completing the Self-Study

The self-study report is an evidential document that summarizes the findings of the self-evaluation process. The narrative should show the extent to which the program is in compliance with the *Standards*.

A. Self-Study Report Format

The self-study is completed electronically in eAccreditation. The process includes completion of tables, data entry, and submission of narratives.

B. Drafting the Report

The following (from eAccreditation) depicts the steps taken when completing the self-study.

- Program Director (PD) creates Application User(s) with self-study access
- PD assigns the Standards to the Application User(s) with read/write access
 - Application User responds to the assigned Standards
 - Application User selects "Ready for PD Review" after completing the Standard
- After all the assigned Standards are in the "Ready for PD review" status, the Application User will send a notification to the PD
 - PD will review all the Application User(s)' Standards
 - PD can edit responses
- PD selects "Ready for Submission" after completing the Standard
 - All Standards must be marked "Ready for Submission" in order to submit the self-study
- PD will indicate he/she has completed the self-study and agrees with all the responses.
- PD will submit completed self-study to the Program Officials/ Administrators for approval
 - All Program Officials/Program Administrators must sign off on the self-study before PD can submit to CAATE
- PD submits completed self-study to CAATE

IV. Submitting the Self-Study

A. What to Submit

1. The self-study report and all accompanying files and supporting materials must be submitted via eAccreditation.

B. Due Dates and Fees

1. The completed self-study must be submitted via eAccreditation by July 1 for scheduling of an on-site visitation during that upcoming year (e.g. July 1, 2021 for a 2021-2022 year visit). Failure to meet this deadline precludes evaluation of the proposed program during the year requested.
2. A non-refundable self-study and onsite review fee must be submitted prior to the review of the self-study materials. eAccreditation will generate an invoice when the "Submit to CAATE" button for the submission of the self-study is selected. If the program wishes to receive the invoice prior to the actual submission of the self-study, program

administrators may request the invoice by emailing accounting@caate.net. The onsite review fee is all-inclusive with all onsite review expenses covered by the CAATE. No program will be reviewed until the Self- Study/Onsite Review Fee is paid.

For questions or problems with eAccreditation, contact the CAATE Office at support@caate.net.

V. Peer Review Process

The second part of the Comprehensive Review Process involves an onsite review conducted by peer evaluators using the same set of review criteria (*Standards*) as was used in the self-study process. The responsibility of the peer reviewers is to validate the information and findings identified during the self-study. It is also the purpose of the onsite review to confirm that the program meets all of the requirements that are expected of an accredited program.

The purpose of the onsite review is to validate the self-study report and evaluate the program's compliance with the *Standards*. The onsite review evaluation includes a review of both the didactic and clinical aspects of the program including visits to both on-site and off-site clinical practice sites if applicable, and to evaluate the correlation between the didactic and clinical aspects of the program. The number of off-campus clinical sites and specific facilities to be visited is determined by the CAATE peer reviewers.

A. After the CAATE Office receives the self-study submission notification and related materials via eAccreditation, and the payment of the self-study and onsite review fee, the following steps occur:

1. A peer review team is assigned to the organization/program. The peer review team will consist of a peer review chair, a peer review member, and a peer review reader.
2. Prior to the onsite review, the Program Director of the sponsoring organization is notified, via eAccreditation, of the names and affiliations of the individuals assigned to the team. At that time, if the Program Director perceives a conflict of interest, the Program Director may request replacement of any member of the peer review team. The CAATE decreases the likelihood of conflicts of interest by having the peer reviewers complete a conflict of interest form in advance of the selection.
3. Once program approval of the peer reviewers is received by the CAATE Office, the peer reviewers are notified of their onsite review assignment.
4. The peer review chair makes contact with the program within one week of assignment to begin planning the onsite review. All contact between the program and the peer review team should occur through the peer review chair.
5. The peer review team is given access to the self-study documents in eAccreditation.
6. The peer reviewers review program documents/self-study.
7. If additional materials are deemed necessary, the peer review chair will notify the Program Director through eAccreditation that additional materials are needed. The requested materials will be submitted via eAccreditation within a timeframe that is mutually agreeable between the Program Director and the peer review team. These additional materials will then be reviewed by the peer review team. The request from the peer review chair for supplemental materials will be made no later than 30 days prior to the onsite review. The peer review chair may request these materials be made available in advance of the peer review team's arrival or be made available on-site.

A. Peer Review Procedures

1. Application for an onsite review for initial programs can only occur following the complete implementation of the *Standards*.
2. Onsite reviews must not be scheduled during periods in which any part of the program is inactive or key personnel are not available (e.g., vacation periods).

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3. The peer review chair establishes a timetable for the onsite review during the initial contacts with the Program Director.
4. The onsite review will occur at a date agreed upon by both the organization/program and the peer review team.
5. All expenses officially connected to the peer review team are paid by the CAATE from the accreditation fees that were submitted to the CAATE. The program should pay no additional expenses for the onsite review.
6. The peer review chair works with the Program Director to finalize the arrangements of the onsite review (e.g., visitation dates, travel schedules, ground transportation, lodging reservations). A minimum of 2 days must be allotted for the onsite review in order for a thorough and productive evaluation. A typical onsite review schedule is presented below.
7. The Program Director must prepare a written onsite review itinerary and interview schedule in consultation with the peer review chair. The itinerary must be finalized at least two weeks prior to the scheduled visitation date. Questions pertaining to preparation of the itinerary and interview schedule must be directed to the peer review chair.

B. Itinerary and Interview Schedule

1. The onsite review itinerary must include:
 2. Interview sessions with names, credentials and titles of all personnel
 3. Visitation of facilities
 4. Peer review team evaluation meetings
 5. Exit conference
6. The onsite review schedule should be developed to encompass 2 full days. A typical onsite review begins in the afternoon of the arrival day and concludes by noon two days later (e.g., Sunday through Tuesday or Wednesday through Friday). Spanning the visit across this timeframe facilitates interaction with all individuals associated with the program and allows time for reflection by the peer review team.
7. It is suggested that the peer reviewers have a dedicated room for interviews, individual writing, and work. Meals should be scheduled so the peer review team can discuss information privately.
8. Interviews will vary in length according to the personnel involved. Schedule additional travel time between meeting rooms and facilities if some sessions must be scheduled at other locations. The Program Director, core faculty, affiliate faculty, and current residents must be scheduled during the first full day of interviews. The following schedule of personnel and meeting times should be followed closely in the development of the onsite review itinerary. Flexibility in scheduling of interviews is permitted according to the availability of personnel, with the exception of the Program Director, who must be scheduled first.

Tentative Onsite Review Agenda

Arrival Day: Preliminary Conference and Dinner

- The peer review team meets with the PD and other program personnel.
- Review the schedule with the PD for any possible last-minute changes.
- This can also provide an opportunity for the PD and the peer reviewers to get acquainted on an informal basis.

Day 1

- Preliminary meeting with the PD and administration
- PD meeting
- Core faculty interviews
- Resident/Fellow interviews

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- Medical director interview
- Tour didactic, research, and clinical facilities

Day 2

- Meeting with administrators
- Meeting with other organizational administrators
- Exit conference

D. Visitation of Facilities

1. Allot ample time for visiting facilities used by the program.
2. The number of clinical sites and which clinical sites are visited will be determined by the peer review team in consultation with the Program Director. Peer reviewers may need to split up and go to separate clinical sites for efficient use of time.

E. Peer Review Team Meeting

1. The peer review team will schedule time to reach consensus between the peer reviewers on potential non-compliances and recommendations prior to the final meeting with the Program Director and the exit conference.

F. Final meeting with Program Director

1. This final 30-minute meeting is held before the exit conference.
2. This meeting is scheduled to inform the Program Director of the peer review team's preliminary findings and allow time for questions from the Program Director.

G. Exit Conference

1. A 30-minute exit conference must be scheduled after the final meeting with the Program Director. The peer review team will discuss its preliminary report.
2. The exit conference is designed to present the peer review team's preliminary findings related to compliance with the *Standards*. The peer review team will provide a description of programmatic strengths, non-compliance(s) with the *Standards*, and recommendations. The peer review team does not make accreditation recommendations, nor should they be asked to provide specifics as to how the organization may rectify non-compliances. Guidelines for the methods needed to rectify non-compliant areas will be provided to the sponsoring organization by the CAATE.
3. Appropriate personnel as determined by the sponsoring organization should be invited to attend the exit conference.

H. Peer Review Report

1. Within one week following the onsite review, the peer review team will complete a history of the program, identify program non-compliances, list program strengths, and recommendations in eAccreditation.
2. The CAATE office assigns two Review Teams to the program's report and alerts the teams to the report in eAccreditation.
3. The primary Review Team will review the report for content and clarity with the peer review chair and the document will be revised as needed.
4. The primary Review Team will provide responses to non-compliances, if applicable, indicating what evidence must be submitted for the program to come into compliance. The report will be sent to the secondary Review Team if a recommendation may result in Probation; the primary team cannot come to a consensus; or if there are too many conflicts of interest from the primary team.
5. The Peer Review Report is made available to the appropriate organizational

administrators of the sponsoring organization and the Program Director via eAccreditation within 6-8 weeks of the onsite review. Program administrators may then share this report with other organizational personnel as necessary. The report defines any area of the *Standards* for which the onsite review team found the program to be deficient at the time of the onsite review. Each section of deficiencies corresponds to a section of the *Standards* and is defined by the associated *Standards* number.

6. The final Peer Review Report will be uploaded for the program. The Peer Review Report should be viewable by all program administrators indicated in eAccreditation.
7. If there are numerous citations, the program going through an initial accreditation process may choose to withdraw its application at that time and re-apply at a later time. This withdrawal and reapplication would require the submission of a new self-study, application fee, and result in another onsite review which will be conducted by a new peer review team. Should a continuing program choose this option, it would be placed on Probation until such time that the next onsite review would occur or a one-year interval, whichever event occurs first, and after which action for involuntary withdrawal of accreditation would occur.

VI. Peer Review Report Response (Rejoinder)

A response to the Peer Review Report (rejoinder) is required by all programs, regardless of the number of citations, and must include the signature of all applicable programmatic supervisory personnel. Program personnel will have 90 days from the date of receipt of the Peer Review Report to submit their rejoinder via eAccreditation to the CAATE. The sponsoring organization's response to the Peer Review Report should address any factual errors, misinterpretations, clarifications, recommendations, and/or deficiencies and address any non-compliances. If no deficiencies are cited, and/or the Peer Review Report is accepted by the organization "as is," receipt of the Peer Review Report must be acknowledged through e-Accreditation and include the electronic "signature" of the Program Director. As part of the rejoinder process, the organization officials will be solicited for their feedback on the quality and professionalism of the peer review team, as well as the onsite review process itself. These evaluations do not affect the outcome of the accreditation decision in any manner and are not seen by the peer reviewers or the Commission until after accreditation decisions are made.

A. Review of Program Rejoinder

Implicit in the recognition of CAATE accreditation is the requirement that the CAATE take adequate and appropriate measures to ensure that the programs it evaluates have demonstrated compliance with each of the *Standards*.

The Peer Review Report and the program's rejoinder are evaluated by the CAATE at regularly scheduled meetings. A recommendation for appropriate accreditation action is based upon the program's rejoinder. The sponsoring organization and program are notified of the CAATE accreditation action by electronic letter through eAccreditation. In the case of initial accreditation, the program will be notified, via email, of either withholding, tabling a decision, or the award of initial accreditation.

When determining a recommendation for accreditation, the CAATE considers the Peer Review Report, the program's rejoinder to the Peer Review Report, and all documentation supporting the Rejoinder. The program rejoinder must demonstrate, at the time of Program Rejoinder Review, **implementation** of actions that demonstrate compliance with the *Standards*. Plans not yet put into practice will remain in non-compliance until there is sufficient evidence to document that the plans have been implemented. Assurance of development may be demonstrated to the CAATE through provision of necessary documents, e.g. resident/fellow policies, clinical experience schedules, and completed evaluation tools. Submission of such documents is a comparatively easy and effective way of demonstrating compliance with some *Standards*. However, there are components of the *Standards* that require an onsite review evaluation and interviews with appropriate individuals involved in the program.

Accreditation Actions

The CAATE decision related to an accreditation action is communicated by CAATE via an email sent through eAccreditation that identifies the length of accreditation and also cites any remaining areas of non-compliance with the *Standards*. A Progress Report will be requested to address any outstanding non-compliances. This Progress Report must be signed by all program officials.

Accreditation Award

CAATE determines the accreditation status of the program at a regularly scheduled meeting and notifies the sponsoring organization and program of its action, via email electronically, within 5-7 business days after each meeting. Initial accreditation is a maximum of 5 years, and continuing accreditation is a maximum of 7 years. Based on the nature and quantity of non-compliances, the actual length of awarded accreditation will be determined by the Commission.

Timetable for the Accreditation Process:

- Completed Application for Accreditation in eAccreditation along with the Self-Study and the application fee submitted to the CAATE. Submission date is July 1st. Self-studies must be received by the CAATE via eAccreditation on or before July 1st. No Self-study reports or additional materials will be accepted after the deadlines without penalty. For clarification of these penalties, please see the CAATE Policy & Procedures Manual.
- Onsite reviews are normally conducted within four to nine months of the receipt of the self-study by the CAATE, except upon written specific agreement of the program or in instances for which the CAATE has documented concerns for compliance with the *Standards* or self-study format. A window of dates will be determined, and the onsite review must occur during that time frame.
- The Peer Review Report is returned to the program approximately 6-8 weeks after the onsite review.
- Program personnel will have 90 days to submit their Rejoinder (responses to requested materials) via eAccreditation to the CAATE.
- Programs are considered by the CAATE at regularly scheduled meetings. The Commission conducts conference calls on a monthly basis.

The normal accreditation process (from submission of self-study through CAATE action) takes from a minimum of 12 months to as much as 24 months depending upon when various steps are reached on the above-mentioned timetable.

The accreditation process timetable may be lengthened due to organizational/program problems, extenuating circumstances, failure to observe deadlines, submission of incomplete or inadequate application of self-study or failure to establish the ability to comply with the *Standards*. The CAATE may take action on programs that require additional materials to clarify their organizational response. The CAATE will make every effort to assist the program in expediting the process; however, the responsibility for achieving accreditation through CAATE rests with the program.

Other accreditation categories: defer action, show cause, probation, withholding or withdrawing accreditation, and voluntary withdrawal of accreditation are defined in the Policy and Procedures manual.

Maintaining and administering accreditation requires numerous responsibilities such as completing a CAATE Annual Report, notification of changes in Program Directors, program personnel and administrators, initial placement of residents/fellows, and other functions prescribed by the CAATE. Failure to notify the CAATE of change in personnel, especially the Program Director, within 30 days may result in administrative probation or ultimately in probation.

VI. Annual Report

To maintain programs accreditation status the organization sponsoring the program must complete an annual report designed to document continued compliance with the *Standards*. Annual reports are due via eAccreditation October 1 each year.

Failure to submit the annual report as required will result in administrative probation. Administrative Probation will be converted to Probation with a requirement for submission of additional materials, with the maximum penalty of a mandatory comprehensive review, if report is not received within thirty days (30) of the original submission deadline.

Annual Report Instructions

Programs must submit their Annual Report by October 1 through eAccreditation each year. This includes programs who are completing self-studies or have an onsite review.

- The Annual Report consists of six (6) sections:
 - Section I: General Program Information
 - Section II: Applicants & Enrollment
 - Section III: Faculty
 - Section IV: Program Operations
 - Section V: Outcomes
 - Section VI: Access to Information and Compliance
- Mark each section as 'Ready for Submission.'
- Directory information (resident/fellow profiles, faculty profiles, preceptor profiles, and clinical site profiles) needs to be up to date and submitted.
- Once all sections have been marked as 'Ready for Submission' the Program Director (PD) will then navigate to the Annual Report > Home page to 'Submit for Sign Off.'
- The Annual Report requires sign off by the designated administrators.
- Once the administrators have signed off, the PD will receive an email notification and can then 'Submit to the CAATE.'

VIII. Substantive Change Documents

In order to maintain proper accreditation, the Program Director must inform CAATE of any substantive change for the following areas:

- Program Director is a new faculty member
- Existing Program Director takes leave of absence
- Existing faculty member appointed as a permanent Program Director
- Relocation
- Change in program resources
- Voluntary Withdraw from Accreditation

Organizational administrators are responsible to notify CAATE of any substantive change. Failure to do so will result in the program being placed on Administrative Probation. All documentation must be submitted on eAccreditation under the Substantive Change tab. Documentation detailing the change can be uploaded under Supporting Material and additional information about the change can be provided under Description.

For more information, please visit the [CAATE website](#).

GLOSSARY

ACGME Core Competencies: Core competencies provide a conceptual framework describing the required domains for a trusted athletic trainer to enter autonomous practice. These competencies are core to the practice of all Athletic Trainers. The core competencies outline specific knowledge, skills, behaviors and attitudes in the following domains: patient care and procedural skills; medical knowledge; practice-based learning and improvement; interpersonal and communication skills; professionalism; and system-based practice.

Patient care and procedural skills	Residents/Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
Medical knowledge	Residents/Fellows must demonstrate knowledge of established and evolving biomedical, clinical epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient centered care
Practice-based learning and improvement	Residents/Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate, scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning
Interpersonal and communication skills	Residents/Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals
Professionalism	Residents/Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles
System-based practice	Residents/Fellows must demonstrate an awareness of an responsiveness to the larger context and system of health care, including the social determinants of health as well as the ability to call effectively on other resources to provide optimal health care.

Advanced practice: A level of athletic training practice that incorporates extended and expanded skills, experience and knowledge in assessment, planning, implementation, diagnosis and evaluation of the care required. Athletic trainers practicing at this level are educationally prepared at the post professional level with advanced education and training within athletic training and may work in either a specialist or generalist capacity.

Affiliate Faculty: Individuals contracted to provide specific instruction on a full or part time basis but whose primary employment is elsewhere inside or outside the institution and contribute to the development of the resident or fellow.

Affiliation agreement: A formal agreement between the sponsoring organization and a facility other than the sponsoring organization at which residents have program-related requirements/experiences and/or curricular education. This agreement defines the roles and responsibilities of the host site, the personnel, and the resident.

Aggregate data: Averaged data collected by the organization over a five-year period of time. This includes, at a minimum, the percentage of residents/fellows within six months of residency/fellowship completion who have obtained positions in the following categories: employed as an athletic trainer in the specialty area, employed as an athletic trainer, employed as other, and not employed. Programs must post the following data for the past five years on their website: the number of residents/fellows who successfully completed the residency/fellowship, and the percentage of specialty exam pass rate if/when applicable.

*Removed “the number of residents/fellows who completed the full twelve-month program (minimum of 12 months, may be longer). Approved by the Commission on September 22, 2023.

*Removed “percentage of specialty exam pass rate if/when applicable.” Approved by the Commission July 12, 2022.”

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.

Autonomous: An athletic trainer is able to make independent healthcare decisions per their credential, while practicing under and in collaboration with their supervising physician per regulatory guidelines.

Clinical development: Defined learning opportunities to prepare for advanced clinical practice as the resident/fellow develops in their specialty area: athletic training clinical experiences, standardized patients, simulation, and supplemental clinical experiences.

Clinical practice: The act of practicing and integrating advanced in-depth knowledge and skills of a specific population or body system that is progressively complex and autonomous.

Clinical sites: A facility where a resident or fellow is engaged in clinical development.

Completion requirements: Successful completion of clinical, didactic and scholarship activities as set forth in the program and defined within the structure of residency/fellowship programs. This will also entail the passing of defined outcomes metrics of the program and will include, but are not limited to, improving the depth and breadth of the resident or fellow's knowledge and a pre-defined achievement on the utilized objective milestone.

Comprehensive 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 development, progressive resident/fellow learning, and overall program effectiveness. The formal assessment plan is part of the programs framework and must also include the required achievement measures identified in Standard 5. Includes tools that measure and assess competency based developmental outcomes that can be demonstrated progressively by residents/fellows.

Content expertise: Advanced knowledge and training in current concepts and best practices in a routine area of athletic training, which can include but is not limited to: prevention and wellness, urgent and emergent care, primary care, orthopedics, rehabilitation, behavioral health, pediatrics, and performance enhancement. Content 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 focused clinical practice. An individual's role within the athletic training residency should be directly related to the person's content expertise.

Core Faculty: Full time program faculty with denoted status, rights, responsibilities, privileges, and voting rights as defined by the program. Core faculty members have primary responsibility to the program and are content experts in the defined specialty area. Core faculty members are appointed to support the program director; develop, instruct and assess within the curriculum; and mentor residents or fellows during clinical practice to expand learner depth and breadth in specialty area.

Cultural Competency: the ability of providers and systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs.

Cultural humility: A lifelong process of self-reflection and self-critique by which an individual willingly interacts with diverse individuals and not only learns about the cultures of others, but also examines their own beliefs and cultural identities to create an environment of empowerment, respect, and optimal care for all. Cultural humility includes sensitivity to historical realities of marginalization, violence, and oppression against certain groups. This includes (but is not limited to) the following:

- Using contemporary nomenclature of various group identities
- Analyzing the impact of group identification, including the intersectionality of multiple identities, on health disparities, patient care and patient outcomes.
- Analyzing the impact of marginalization on health disparities, patient care, and patient outcomes.
- Developing strategies that minimize the impact of clinician-based bias, prejudice, and privilege on patient interactions.
- Devising patient-centered interventions to diverse populations that account for the healthcare delivery system

Cultural Proficiency: The ability of providers and systems to analyze cultural differences in order to improve quality and provide optimal care to patients with diverse values, beliefs and behaviors, including synthesizing and anticipating needs of patient when delivering care to meet patients' social, cultural, and linguistic needs; advocates for equitable care across the healthcare landscape.

Curricular resources: Essential programmatic components that include clinical, physical, and technical resources required to adequately meet the needs of program personnel and have a significant influence on resident/fellows opportunities to learn. This might include teaching resources (digital or physical), open access to journals or other required educational materials (diagnostic imaging, published evidence, web-based content, etc), library access, computer access, and appropriate workspace for clinical and didactic components.

Engaged Clinically: Facilitating the learning experiences of residents/fellows via mechanisms such as, but not limited to: direct patient care, clinical mentoring, or clinical research/scholarship activities.

Fellowship: Post professional AT fellowship programs are formal education and training programs that offer structured mentorship, including didactic and clinical components, to educate athletic trainers in a sub-specialty area. Fellowships require formal sub-specialty training beyond successful completion of a residency program.

Framework: The framework describes program specific details on how the program is designed to achieve its mission. The framework guides program design and quality, delivery of the educational program (both didactic and clinical planning and sequencing), outcomes and assessment plans, and how the institutional organization and administration supports the program. The framework is evaluated and refined on an ongoing basis by the program faculty.

Full-time practice (Residents/Fellows): A clinician working a minimum of 40 hours per week over the 52-week residency/fellowship year to provide direct patient care. As a full-time employee, the

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resident/fellow would be subject to the same time-off opportunities and benefits as other full-time employees in the organization during the minimum 52-week residency/fellowship year.

Goal: Specific statements of educational intention that describe what must be achieved for a program to meet its mission.

Identities: identities that include, but are not limited to, race; ethnicity; religion; national origin; age; marital status; disabilities/ability; sexual orientation; sex; gender; gender identity and expression; socioeconomic status; religion/spirituality; political affiliation; literacy/health literacy.

Innovation: A strategic process used for identifying, implementing, and measurable new or enhanced initiatives that advance program quality and/or learner achievement.

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

Memorandum of Understanding (MOU): A document that facilitates bilateral agreement between parties and lacks legal binding power of a contract.

Mentoring/mentor/mentorship: Serves as a guide for residents/fellows throughout the program. Mentors should have the following qualities and serve as a listener, facilitator, challenger, role model, goal setter, an advocate and a career guide for the resident/fellow throughout the program. A mentor and mentee should share similar interests and have planned time to discuss goals, problems, issues, challenges and successes throughout the residency/fellowship program.

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

Moonlighting: Refers to a service performed by a resident/fellow, usually in the capacity of an independent athletic trainer, completely outside the scope of the residency or fellowship training program. Residents/fellows are prohibited from external or internal moonlighting without the prior written approval of the program director or his/her designee. Residents/fellows are never required to engage in moonlighting.

Organizational resources: Essential programmatic components that include adequate financial dedication from the sponsoring organization (to include resources for professional development and continuing education), defined administrative support, and a graduate medical education philosophy of the organization (to support education and resident/fellow learning environments) to adequately meet the needs of program personnel and residents based on the size of the program.

**Changed operational resources to organizational resources. Approved by the Commission on January 14, 2025.*

Organizational structure: Organizational structure is a system used to define a hierarchy within an organization. It identifies each job, its function and where it reports to within the organization. This structure is developed to establish how an organization operates and assists an organization in obtaining its goals to allow for future growth. The structure is typically illustrated using an organizational chart.

Outcomes: Measured indicators of achievement that may be quantitative or qualitative.

Professional portfolio: An organized collection of relevant documents and artifacts that showcases evidence of skills, achievement, professional experience and charts professional growth.

A professional portfolio can be created and used for broader method of assessment and in medical education may include the following: collection of the evidence of learning, reflection of the learning, evaluation of the evidence by assessors, defense of evidence by the individual being assessed, a summative assessment decision (based from pre-defined criteria).

Placement rate: Employment of the resident/fellow in their specialty area within 6 months of program completion.

Program completion rate: Successful completion of programmatic benchmarks and completion requirements.

Program personnel: Individuals associated with the delivery, assessment, and development of the residency/fellowship program. These include the program director, core faculty, and affiliated faculty members.

Progressive yearly minimum: Progression of mentored clinical practice initially to autonomous advanced practice as continuum moves over the course of the residency/fellowship program. Minimum requirements may be spread over the residency program but must be continuous, ongoing, and increasing in complexity as the resident/fellow develops autonomous advanced practice.

Protected time: The time allotted by the sponsoring organization for the program director/core faculty to run the residency/fellowship program. This includes the full spectrum of activities and responsibilities as outlined in the program director/core faculty roles and responsibilities.

Program Director: The AT responsible for direction, conduct, and oversight of the residency/fellowship program.

Quality Assurance: A planned and systematic process for ensuring acceptable levels of quality are maintained.

Quality Improvement: A structured, data driven process to evaluate systems and outcomes that includes identification of areas for improvement, selection and implementation of measurable changes, and analysis of changes to ensure progression towards established benchmarks. Successful quality improvement efforts are a continual process that leads to measurable improvement over time.

Residency: Post professional AT residency programs are formal educational programs that offer structured curricula and mentorship, including didactic and clinical components, to educate athletic trainers in a specialty area. They are designed to build upon and expand the athletic trainer's knowledge and experience acquired during profession education.

Resident: Athletic trainer credentialed to practice athletic training in the state of the residency and has a full-time obligation to the residency program for advanced clinical practice in a specialty area.

Scholarship: The participation of residents/fellows and core faculty members in areas related to Boyer's definition of scholarship. This includes scholarship of: discovery, integration, application or engagement, and of teaching and learning. This might include, but is not limited to, original research that advances knowledge; synthesis of information across disciplines,
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topics within a discipline, or across time (i.e. interprofessional education or science communication; organized clinical discussions, grand rounds, journal clubs, and/or conferences). Demonstration of scholarship involves generating, transmitting, and applying knowledge for the benefit of external audiences in ways that are consistent with the mission and values of the residency/fellowship. This can occur through, but not limited to, one or more of

the following: peer-reviewed publication, presentation of case reports or clinical series at local, regional, or national professional meetings; participation in national committees or educational organizations, or public sharing of skills or knowledge in the specialty area that provides the opportunity for application and evaluation by others.

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.

**Removed program retention rate. Approved by the Commission on September 22, 2023.*

Social Justice: Social justice in healthcare is recognizing that equitable healthcare, which encompasses access to and quality of care, is a fundamental right and that healthcare providers promote fair treatment so that disparities are eliminated.

Specialization/Specialty: The primary purpose of specialization in any health care profession is to improve the quality of care provided to patients, to enhance clinical outcomes, and ultimately, to improve the patient's health related quality of life. Specialties within a discipline arise in response to the development of new knowledge and skills in a finite area of practice that can positively affect clinical outcomes and patient quality of life. Specialization in a healthcare field requires significant clinical experience in a prescribed content area, a sustained training effort, and culminates in a valid credential denoting clinical expertise.

Specialty Area(s): CAATE identified areas of athletic training clinical practice that require post-professional advanced patient-care knowledge and skills. CAATE accredited residency programs develop advanced practice within the specialty areas. See preamble for current approved specialty areas.

Specialty Certification: A credential earned through a post-professional education and training process such as an accredited residency program in a specialized area of clinical practice. The BOC Specialty Council oversees AT specialty certifications.

Sponsoring Organization: The organization (or entity) assuming ultimate responsibility for the coordination and administration of the residency program consistent with CAATE requirements. The sponsoring organization is charged with ensuring that the residents experiences are educationally sound and are conducted in a quality practice environment. The sponsoring organization is also responsible for submitting the accreditation application and ensuring periodic evaluations are conducted. If several organizations share responsibility for the financial and management aspects of the residency the organizations must mutually designate one organization as the sponsoring organization.

Sub-specialization: A subspecialty is a narrow field within specialization. For example, manual therapy may be a subspecialty of rehabilitation. Specialization and sub specialization can be nested within larger frameworks.

Summative Tool: A method used to evaluate residents' or fellows' learning and educational competencies by comparing against a standard or benchmark in order to assess individual progress.

Targeted goal: A measurable established threshold utilized in assessment that initiates a specific action
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plan for improvement.

Work hours: Predetermined work hours per week during residency/fellow training, which includes a combination of educational and clinical training. (Minimum of 40 clinical hours per week, ACGME maximum of 80 clinical and didactic hours per week).

**Commission on Accreditation of Athletic Training Education (CAATE) Standards for
Accreditation of Athletic Training Residency & Fellowship Programs
(effective July 1, 2022)**

Standard Number	Standards for Accreditation of Athletic Training Residency Programs	Standards for Accreditation of Athletic Training Fellowship Programs
SECTION I: PROGRAM DESIGN AND QUALITY		
1	The program has a written mission statement that addresses the specialized preparation of residents and aligns with the mission of the sponsoring organization. <u>How to Address This Standard</u> - Describe how the program's mission statement aligns with the mission statement of the sponsoring organization. <u>Uploads</u> - Program mission statement Sponsoring organization mission statement	The program has a written mission statement that addresses the specialized preparation of fellows and aligns with the mission of the sponsoring organization. <u>How to Address This Standard</u> - Describe how the program's mission statement aligns with the mission statement of the sponsoring organization. <u>Uploads</u> - Program mission statement Sponsoring organization mission statement
2	The program has developed, implemented, and evaluated a framework that describes how the program is designed to achieve its mission and that guides program design, delivery, and assessment. <i>Annotation: This written framework describes essential program elements and how they're connected; these elements include core principles of the program, strategic planning, goals and expected outcomes, curricular design (both didactic and clinical planning and sequencing), and the comprehensive assessment plan. The framework is evaluated and refined on an ongoing basis.</i> <i>The framework includes program-specific and resident specific outcomes that are defined by the program; these outcomes include measures of resident learning, quality of instruction, quality of clinical development, and overall program</i>	The program has developed, implemented, and evaluated a framework that describes how the program is designed to achieve its mission and that guides program design, delivery, and assessment. <i>Annotation: This written framework describes essential program elements and how they're connected; these elements include core principles of the program, strategic planning, goals and expected outcomes, curricular design (both didactic and clinical planning and sequencing), and the comprehensive assessment plan. The framework is evaluated and refined on an ongoing basis.</i> <i>The framework includes program-specific and fellow specific outcomes that are defined by the program; these outcomes include measures of fellow learning, quality of instruction, quality of clinical development, and overall program effectiveness.</i>

	<i>effectiveness. Programs must minimally incorporate the learner achievement measures identified in Standard 5 as outcomes. Improvement plans must include targeted goals and specific action plans for the communication and implementation of the program.</i> <u>How to Address This Standard</u> - Describe how the specialty area was identified - Describe how the development of the program's framework is designed to meet its mission and other essential program elements - Describe how the program has implemented the framework - Describe how the program has evaluated and refined the framework on an ongoing basis. Provide a specific example of how the program used this process to improve the program <u>Uploads</u> - The program's framework (optional supporting documents to narrative) Comprehensive assessment plan	<i>Programs must minimally incorporate the learner achievement measures identified in Standard 5 as outcomes. Improvement plans must include targeted goals and specific action plans for the communication and implementation of the program.</i> <u>How to Address This Standard</u> - Describe how the subspecialty area was identified - Describe how the development of the program's framework is designed to meet its mission and other essential program elements - Describe how the program has implemented the framework - Describe how the program has evaluated and refined the framework on an ongoing basis. Provide a specific example of how the program used this process to improve the program <u>Uploads</u> - The program's framework (optional supporting documents to narrative) Comprehensive assessment plan
3	Development, implementation, evaluation and evolution of the framework engages all core faculty and includes other stakeholders as determined by the program. <i>Annotation: All core faculty must participate in the development, implementation, and evaluation of the framework on an ongoing basis. The nature and extent of the participation by each core faculty member and other stakeholders is determined by the program.</i> <u>How to Address This Standard</u> Describe the role of each core faculty member and additional identified stakeholders in the development, implementation, evaluation and evolution of the framework.	Development, implementation, evaluation and evolution of the framework engages all core faculty and includes other stakeholders as determined by the program. <i>Annotation: All core faculty must participate in the development, implementation, and evaluation of the framework on an ongoing basis. The nature and extent of the participation by each core faculty member and other stakeholders is determined by the program.</i> <u>How to Address This Standard</u> Describe the role of each core faculty member and additional identified stakeholders in the development, implementation, evaluation and evolution of the framework.

4	Programs must use appropriate assessments to measure a resident's progression towards advanced clinical practice. <i>Annotation: Programs must measure and assess acquisition of competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents from the beginning of their education through completion of their respective programs to the advanced practice of their specialties. Programs must also measure themselves, to include program personnel and sites where residents practice clinically.</i> <u>How to Address This Standard</u> - Describe the tool(s) used to measure competency which is linked back to programmatic outcomes within the comprehensive assessment plan - Describe what tools residents use to assess quality of instruction, program effectiveness, program personnel and clinical sites and link this back to programmatic outcomes and the comprehensive assessment plan <u>Uploads</u> - Examples of assessment tools that measure resident learning, quality of instruction, quality of clinical development, and overall program effectiveness	Programs must use appropriate assessments to measure a fellow's progression towards advanced clinical practice. <i>Annotation: Programs must measure and assess acquisition of competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by fellows from the beginning of their education through completion of their respective programs to the advanced practice of their specialties. Programs must also measure themselves, to include program personnel and sites where fellows practice clinically.</i> <u>How to Address This Standard</u> - Describe the tool(s) used to measure competency which is linked back to programmatic outcomes within the comprehensive assessment plan - Describe what tools fellows use to assess quality of instruction, program effectiveness, program personnel and clinical sites and link this back to programmatic outcomes and the comprehensive assessment plan <u>Uploads</u> - Examples of assessment tools that measure fellow learning, quality of instruction, quality of clinical development, and overall program effectiveness
5	The program collects resident achievement measures on an annual basis. <i>Annotation: The following achievement measures must be collected:</i> - Program completion rate - Resident placement rate - Resident readiness for advanced practice in the specialty area as demonstrated by the program's summative tool	The program collects fellow achievement measures on an annual basis. <i>Annotation: The following achievement measures must be collected:</i> - Program completion rate - Fellow placement rate - Fellow readiness for advanced practice in the sub-specialty area as demonstrated by the program's summative tool

	<u>How to Address This Standard</u> • Ensure all information related to achievement measures is updated in eAccreditation • Upload of summative tool used to assess readiness for advanced practice within the specialty • When available, and if applicable to the specialty area, the Specialty Certification exam may be used for achievement measures *Annotation: Deleted program retention rate. Approved by the Commission September 22, 2023. *Annotation and How to Address This Standard updated: “When available, and if applicable to the specialty area, the Specialty Certification exam may be used for achievement measures” removed from the Annotation to the How to Address This Standard. “Upload of summative tool used to assess readiness for advanced practice within the specialty” added and “Provide the URL of the athletic training program home page” removed within the How to Address This Standard. Approved by the Commission July 12, 2022.	<u>How to Address This Standard</u> • Ensure all information related to achievement measures is updated in eAccreditation • Upload of summative tool used to assess readiness for advanced practice within the sub-specialty *Annotation: Deleted program retention rate. Approved by the Commission September 22, 2023. *How to Address This Standard: “Upload of summative tool used to assess readiness for advanced practice within the specialty” added and “Provide the URL of the athletic training program home page” removed within the How to Address This Standard. Approved by the Commission July 12, 2022.
6	The results of the program’s comprehensive assessment plan are used for continued program improvement. <i>Annotation: The program analyzes the extent to which it meets its program-specific outcomes and creates an action plan for program improvement and identified deficiencies. The action plan minimally includes identification of responsible person or persons, listing of resources needed, a timeframe, and a strategy to modify the plan as needed.</i> <u>How to Address This Standard</u> • Describe the process used to analyze outcome data and the indicators used to determine the extent to which outcomes are met. Include a list and description of the assessment tools used. • Describe the action plan developed for any outcome not met or deficiencies identified. <u>Uploads</u> • Action plan	The results of the program’s comprehensive assessment plan are used for continued program improvement. <i>Annotation: The program analyzes the extent to which it meets its program-specific outcomes and creates an action plan for program improvement and identified deficiencies. The action plan minimally includes identification of responsible person or persons, listing of resources needed, a timeframe, and a strategy to modify the plan as needed.</i> <u>How to Address This Standard</u> • Describe the process used to analyze outcome data and the indicators used to determine the extent to which outcomes are met. Include a list and description of the assessment tools used. • Describe the action plan developed for any outcome not met or deficiencies identified. <u>Uploads</u> • Action plan

7	The program meets or exceeds a five-year aggregate of 80% first-time pass rate on the specialty certification exam within the specialty area. <i>Annotation: Implementation TBD</i> • When available, and if applicable to the specialty area, the validity of the specialty certification exam will be established and examined. The CAATE will explore the data following development of the respective examinations to determine the best aggregate pass rate threshold. *Both the standard and threshold are placeholder standards at this time.	(No related Standard)
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8	Programs that have a five-year aggregate specialty examination first-time pass rate below 80% must provide an analysis of deficiencies and develop and implement an action plan for correction of examination pass-rate deficiency. <i>Annotation: This standard only applies in the event that the program is non-compliant with Standard 7. *This is a placeholder standard for when, and if, specialty certification examinations are developed in respective specialty area and data for Standard 7 is established.</i>	(No related Standard)
SECTION II: PROGRAM DELIVERY		
9	The program must be a minimum of twelve consecutive months with a continuous full-time practice commitment. <i>Annotation: Full-time practice is based on a minimum of a 40 hours of clinical practice per week over a 12-month (52 week) residency. The resident is a full-time employee of the organization and eligible for benefits, including paid time off, during their employment term.</i> <u>How to Address This Standard</u> - Demonstrate how the program ensures continuous full-time practice for a minimum of twelve consecutive months <u>Uploads</u> - Examples include but not limited to: acceptance letter with dates of employment; rotations or experience models mapped out; full time employee status documentation, allotted benefits (including vacation and sick time)	The program must be a minimum of twelve consecutive months with a continuous full-time practice commitment. <i>Annotation: Full-time practice is based on a minimum of a 40 hours of clinical practice per week over a 12-month (52 week) fellowship. The fellow is a full-time employee of the organization and eligible for benefits, including paid time off, during their employment term.</i> <u>How to Address This Standard</u> - Demonstrate how the program ensures continuous full-time practice for a minimum of twelve consecutive months <u>Uploads</u> - Examples include but not limited to: acceptance letter with dates of employment; rotations or experience models mapped out; full time employee status documentation, allotted benefits (including vacation and sick time)

10	The program ensures well rounded and comprehensive clinical practice experiences that expose the residents to the full spectrum of the specialty area. <i>Annotation: The program is designed to provide a full-time practice experience in the specialty area. The full-time practice experience must occur over at least 12 months, with a minimum of 1664 hours of clinical practice within the specialty area, 500 hours must be mentored. An additional 260 hours of didactic work is required during the duration of the program. The experiences should be planned, ongoing and consistent per the identified area of specialization of the resident and should intentionally expose the resident to a diverse spectrum of the specialty area.</i> <u>How to Address This Standard</u> - Narrative describing breadth of experiences provided to the resident and how they are engaged in the specialty area throughout the duration of the program. <u>Uploads</u> - Clinical progression plan - Program sequencing (provide breakdown of hours for time spent clinically in specialty area, mentored time in specialty area, and time spent completing didactic work) <i>*Annotation: Removed "(80% of 40 clinical hours minimum per week)...(30% of 1164 clinical specialty area hours) of that time being must being...(5 hours average per week) which is in addition to the minimum of 40 clinical hours per week."</i>	The program ensures well rounded and comprehensive clinical practice experiences that expose the fellows to the full spectrum of the subspecialty area. <i>Annotation: The program is designed to provide a full-time practice experience in the subspecialty area. The full-time practice experience must occur over atleast12 months, with a minimum of 1664 of clinical practice within the subspecialty area, 500 hours must be mentored. An additional 260 hours of didactic work is required during the duration of the program. The experiences should be planned, ongoing and consistent per the identified area of sub-specialization of the fellow and should intentionally expose the fellow to a diverse spectrum of the subspecialty area.</i> <u>How to Address This Standard</u> - Narrative describing breadth of experiences provided to the fellow and how they are engaged in the specialty area throughout the duration of the program. <u>Uploads</u> - Clinical progression plan - Program sequencing (provide breakdown of hours for time spent clinically in subspecialty area, mentored time in subspecialty area, and time spent completing didactic work) <i>*Annotation: Removed "(80% of 40 clinical hours minimum per week)...(30% of 1164 clinical subspecialty area hours) of that time being must being...(5 hours average per week) which is in addition to the minimum of 40 clinical hours per week."</i>
11	The program must provide a comprehensive plan for the residents that provides a logical progression of graded authority and responsibility for autonomous patient-care experiences within the specialty area and inclusive of the ACGME Core Competencies. <i>Annotation: The program is designed to provide a progressive yearly minimum of 500 mentored hours in the specialty area. This mentored time is likely to be inversely related (higher in the beginning of their residency that becomes less as the resident progresses to autonomous specialty practice).</i>	The program must provide a comprehensive plan for the fellows that provides a logical progression of graded authority and responsibility for autonomous patient-care experiences within the subspecialty area and inclusive of the ACGME Core Competencies. <i>Annotation: The program is designed to provide a progressive yearly minimum of 500 mentored hours in the subspecialty area. This mentored time is likely to be inversely related (higher in the beginning of their fellowship that becomes less as the fellow progresses to autonomous specialty practice).</i>

	<u>How to Address This Standard</u> - Narrative describing the comprehensive plan for progression of graded authority and responsibility (relating clinical, didactic, and scholarship back to patients) - Describe how information and formal feedback occurs throughout the comprehensive plan - Provide the program sequence <u>Uploads</u> - Table that allows for appropriate tracking of mentored hours	<u>How to Address This Standard</u> - Narrative describing the comprehensive plan for progression of graded authority and responsibility (relating clinical, didactic, and scholarship back to patients) - Describe how information and formal feedback occurs throughout the comprehensive plan - Provide the program sequence <u>Uploads</u> - Table that allows for appropriate tracking of mentored hours
12	The program ensures a well-rounded and comprehensive didactic curriculum that actively engages the residents to the full spectrum of the specialty area and the ACGME Core Competencies. <i>Annotation: The program is designed to provide a progressive yearly minimum of 260 hours of didactic curriculum that is planned, ongoing and consistent per the identified area of specialization of the residency. The didactic curriculum must use multimodal learning strategies, engage the resident across the diverse spectrum of the specialty area and must impact clinical practice.</i> <u>How to Address This Standard</u> - Narrative describing how the didactic curriculum impacts clinical practice and relates back to patient care <u>Uploads</u> - Curriculum plan	The program ensures a well-rounded and comprehensive didactic curriculum that actively engages the fellows to the full spectrum of the subspecialty area and the ACGME Core Competencies. <i>Annotation: The program is designed to provide a progressive yearly minimum of 260 hours of didactic curriculum that is planned, ongoing and consistent per the identified area of sub-specialization of the fellowship. The didactic curriculum must use multimodal learning strategies, engage the fellow across the diverse spectrum of the subspecialty area and must impact clinical practice.</i> <u>How to Address This Standard</u> - Narrative describing how the didactic curriculum impacts clinical practice and relates back to patient care <u>Uploads</u> - Curriculum plan
13	The program must provide a defined and planned scholarship experience within the specialty area and the ACGME Core Competencies. <i>Annotation: The program must ensure an intentional plan for each resident is implemented that relates back to patient care within the specialty area and the core competencies, resulting in dissemination.</i>	The program must provide a defined and planned scholarship experience within the subspecialty area and the ACGME Core Competencies. <i>Annotation: The program must ensure an intentional plan for each fellow is implemented that relates back to patient care within the subspecialty area and the core competencies, resulting in dissemination.</i>

	<u>How to Address This Standard</u> - Narrative describing overall scholarly plan for resident linked to specialty area that includes all components of the ACGME Core Competencies. <u>Uploads</u> - Evidence of demonstration of scholarship - Evidence of dissemination of scholarship	<u>How to Address This Standard</u> - Narrative describing overall scholarly plan for fellow linked to subspecialty area that includes all components of the ACGME Core Competencies. <u>Uploads</u> - Evidence of demonstration of scholarship - Evidence of dissemination of scholarship
14	The program's development, design and delivery demonstrates ongoing and intentional systematic efforts in, diversity, equity, inclusion and social justice. <i>Annotation: Programs advance diversity, equity, inclusion and social justice through a variety of efforts. These can include (but are not limited to) the following:</i> - participating in sponsoring organization efforts to advance diversity, equity, inclusion and social justice; - incorporating diversity, equity, inclusion and social justice across the program curriculum; - recruiting and retaining diverse faculty, residents, and mentors; - improving faculty (including PD, core faculty and affiliate faculty) and mentors understanding and integration of diversity, equity, inclusion and social justice; - implementing policies that support a climate of equity and inclusion, free of harassment and discrimination; - community engagements and/or scholarly endeavors that are reflective of diversity, equity, inclusion and social justice; and - gathering program data that informs the programs diversity, equity, inclusion and social justice efforts. Sources may include, but are not limited to, demographic reports, retention reports, equity analysis, climate data, participation in DEI activities, competency development, program evaluations, and interviews/focus group data. <u>How to Address This Standard</u> - Describe the current efforts (e.g., sponsoring organization, department, and program) in advancing	The program demonstrates systematic diversity, equity, inclusion and social justice efforts in its development, design and delivery. <i>Annotation: Programs advance diversity, equity, inclusion and social justice through a variety of efforts. These can include (but are not limited to) the following:</i> - participating in sponsoring organization efforts to advance diversity, equity, inclusion and social justice; - incorporating diversity, equity, inclusion and social justice across the program curriculum; - recruiting and retaining diverse faculty, fellows, and mentors; - improving faculty (including PD, core faculty and affiliate faculty) and mentors understanding and integration of diversity, equity, inclusion and social justice; - implementing policies that support a climate of equity and inclusion, free of harassment and discrimination; - community engagements and/or scholarly endeavors that are reflective of diversity, equity, inclusion and social justice; and - gathering program data that informs the programs diversity, equity, inclusion and social justice efforts. Sources may include, but are not limited to, demographic reports, retention reports, equity analysis, climate data, participation in DEI activities, competency development, program evaluations, and interviews/focus group data. <u>How to Address This Standard</u> - Describe the current efforts (e.g., sponsoring organization, department, and program) in advancing diversity, equity, inclusion, and social justice within

	diversity, equity, inclusion, and social justice within program development, design and delivery across didactic and clinical practice. - Identify the sources of sponsoring organization and program data used to inform diversity, equity, inclusion and social justice efforts <u>Uploads</u> - Provide the relevant program data and analysis that informs the program's diversity, equity, inclusion and social justice efforts. *Standard: Revised language to include “ongoing and intentional” Approved by the Commission January 14, 2025.	program development, design and delivery across didactic and clinical practice - Identify the sources of sponsoring organization and program data used to inform diversity, equity, inclusion and social justice efforts <u>Uploads</u> - Provide the relevant program data and analysis that informs the program's diversity, equity, inclusion and social justice efforts
SECTION III: INSTITUTIONAL ORGANIZATION AND ADMINISTRATION		
15	The program must be identified as an athletic training residency in a specialty area in all organizational publications. <u>How to Address This Standard</u> - Describe how the program is listed as an athletic training residency in a specialty area within all organizational publications <u>Uploads</u> - Official organization document verifying the program is listed as an athletic training residency in a specialty area - Official completion certificate verifying the program is listed as an athletic training residency in a specialty area - URL or webpages verifying the program is listed as an athletic training residency in a specialty area - Promotional materials verifying the program is listed as an athletic training residency in a specialty area	The program must be identified as an athletic training fellowship in a subspecialty area in all organizational publications. <u>How to Address This Standard</u> - Describe how the program is listed as an athletic training fellowship in a subspecialty area within all organizational publications <u>Uploads</u> - Official organization document verifying the program is listed as an athletic training fellowship in a subspecialty area - Official completion certificate verifying the program is listed as an athletic training fellowship in a subspecialty area - URL or webpages verifying the program is listed as an athletic training fellowship in a subspecialty area - Promotional materials verifying the program is listed as an athletic training fellowship in a subspecialty area

16	There is an organizational structure with leadership and administrative personnel to support the operations of the program. <i>Annotation: The intent of this standard is to ensure the operations for the residency program include organizational resources,</i>	There is an organizational structure with leadership and administrative personnel to support the operations of the program. <i>Annotation: The intent of this standard is to ensure the operations for the fellowship program include operational resources,</i>
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	<i>legitimized practice settings, and organizational structure.</i> <u>How to Address This Standard</u> - A mechanism exists for a clearly defined reporting structure. Describe the organizational structure and how that structure is conducive to the program meeting the stated mission, goals, and expected program outcomes. - If outside funding is used, the program should provide procedures governing how the additional available funding is utilized to support the operations of the program. <u>Uploads</u> - Organizational structure - Budget Table (for organizational resources) - External accrediting agency verification <i>*Annotation & Uploads: Revised glossary term changed from “operational resources” to “organizational resources” Approved by the Commission January 14, 2025.</i>	<i>legitimized practice settings, and organizational structure.</i> <u>How to Address This Standard</u> - A mechanism exists for a clearly defined reporting structure. Describe the organizational structure and how that structure is conducive to the program meeting the stated mission, goals, and expected program outcomes. - If outside funding is used, the program should provide procedures governing how the additional available funding is utilized to support the operations of the program. <u>Uploads</u> - Organizational structure - Budget Table (for operational resources) - External accrediting agency verification
17	All sites where residents are involved in education (excluding the sponsoring organization) have a current affiliation agreement or memorandum of understanding that is endorsed by the appropriate administrative authority at both the sponsoring organization and site. <i>Annotation: When the administrative oversight of the program personnel differs from the affiliate site, affiliation agreements or memorandum of understanding must be obtained from all parties. All sites (excluding the sponsoring organization) must have affiliation agreements or memorandum of understanding.</i> <u>How to Address This Standard</u> - Describe the process to ensure that there is an executed affiliation agreement or memorandum of understanding with all sites where residents are involved in clinical development. <u>Uploads</u> - Formal agreements, signed and dated by the appropriate administrative authority	All sites where fellows are involved in education (excluding the sponsoring organization) have a current affiliation agreement or memorandum of understanding that is endorsed by the appropriate administrative authority at both the sponsoring organization and site. <i>Annotation: When the administrative oversight of the program personnel differs from the affiliate site, affiliation agreements or memorandum of understanding must be obtained from all parties. All sites (excluding the sponsoring organization) must have affiliation agreements or memorandum of understanding.</i> <u>How to Address This Standard</u> - Describe the process to ensure that there is an executed affiliation agreement or memorandum of understanding with all sites where fellows are involved in clinical development. <u>Uploads</u> - Formal agreements, signed and dated by the appropriate administrative authority

18	The program director is a full-time employee of the sponsoring organization. The program director's experience and qualifications must include the following: • Content expertise in the specialty area • Certification and in good standing with the Board of Certification • Current state athletic training credential and in good standing with the state regulatory agency in the state in which the program is housed (in states with regulation) • Verified NPI number with appropriate healthcare field designation • Engages in scholarship • Engaged clinically within the specialty area • Must be active at local, state, regional, and/or national levels <u>How to Address This Standard</u> • Demonstrate that the program director is engaged clinically in the specialty area • Demonstrate knowledge, skills, attitudes, and abilities within the specialty area <u>Uploads</u> • Evidence of content expertise (table, professional portfolio, or similar document) • Evidence of scholarship engagement *Standard: Deleted "An earned post-baccalaureate degree" Approved by the Commission January 14, 2025. *Standard: Replaced "clinically practicing" with engaged clinically. *Annotation: Deleted the Annotation *How to Address This Standard: Deleted "a minimum of 8 hours peer week" Approved by the Commission April 9, 2024.	The program director is a full-time employee of the sponsoring organization. The program director's experience and qualifications must include the following: • An earned post-baccalaureate degree • Content expertise in the subspecialty area • Certification and in good standing with the Board of Certification • Current state athletic training credential and in good standing with the state regulatory agency in the state in which the program is housed (in states with regulation) • Verified NPI number with appropriate healthcare field designation • Engages in scholarship • Engaged clinically within the subspecialty area • Must be active at local, state, regional, and/or national levels <u>How to Address This Standard</u> • Demonstrate that the program director is engaged clinically in the subspecialty area • Demonstrate knowledge, skills, attitudes, and abilities within the subspecialty area <u>Uploads</u> • Evidence of content expertise (table, professional portfolio, or similar document) • Evidence of scholarship engagement * Standard: Replaced "clinically practicing" with engaged clinically. *Annotation: Deleted the Annotation *How to Address This Standard: Deleted "a minimum of 8 hours peer week" Approved by the Commission April 9, 2024.
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19	There is a single program director with the authority and accountability for the operations of the program. The program director has adequate protected time to oversee and advance the residency program, with consideration given to the size and complexity of the program. This includes the following responsibilities: • Program planning and operation, including	There is a single program director with the authority and accountability for the operations of the program. The program director has adequate protected time to oversee and advance the fellowship program, with consideration given to the size and complexity of the program. This includes the following responsibilities: • Program planning and operation, including
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	development of the framework • Program evaluation • Oversight of the quality of clinical and didactic education • Maintenance of accreditation • Input into budget management • Input on the selection, evaluation and development of program personnel • Input on the selection, evaluation and mentorship of residents • Mentorship of the program personnel as they interact with the resident • Oversight of resident clinical progression • Conducts essential orientation activities Annotation: <i>The program director must be provided with support and time adequate for administration of the program based upon its size and configuration.</i> <u>How to Address This Standard</u> • Describe the program director's role with regard to the responsibilities outlined above • Provide a narrative describing how the program director has clear protected time to run all components of the program as defined in their responsibilities • Describe the process used to arrive at the assigned load for the program director <u>Uploads</u> • The program director's job description; <i>please delete all personal information (for example, salary, social security number) from the document</i> • Workload Table	development of the framework • Program evaluation • Oversight of the quality of clinical and didactic education • Maintenance of accreditation • Input into budget management • Input on the selection, evaluation and development of program personnel • Input on the selection, evaluation and mentorship of fellows • Mentorship of the program personnel as they interact with the fellow • Oversight of fellow clinical progression • Conducts essential orientation activities Annotation: <i>The program director must be provided with support and time adequate for administration of the program based upon its size and configuration.</i> <u>How to Address This Standard</u> • Describe the program director's role with regard to the responsibilities outlined above • Provide a narrative describing how the program director has clear protected time to run all components of the program as defined in their responsibilities • Describe the process used to arrive at the assigned load for the program director <u>Uploads</u> • The program director's job description; <i>please delete all personal information (for example, salary, social security number) from the document</i> • Workload Table
20	Program personnel numbers are sufficient to meet the needs of the program. <u>How to Address This Standard</u> • Demonstrate how your program personnel numbers are	Program personnel numbers are sufficient to meet the needs of the program. <u>How to Address This Standard</u> • Demonstrate how your program personnel numbers are

	sufficient to meet the needs of the learning outcomes of the resident and outcomes of the program	sufficient to meet the needs of the learning outcomes of the fellow and outcomes of the program
21	The core faculty experience and qualifications must include the following: • Content expertise in the specialty area • Certification and in good standing with the Board of Certification • Current state credential and in good standing with the state regulatory agency in the state in which the program is housed (in states with regulation) • Verified NPI number with appropriate healthcare field designation • Engages in scholarship • Currently practicing clinically in the specialty area • Active at local, state, regional, and/or national levels • Conducts essential orientation activities <u>How to Address This Standard</u> • N/A <u>Uploads</u> • Evidence of content expertise (table, professional portfolio, or similar document) • Evidence of scholarship engagement *Standard: Deleted "An earned post-baccalaureate degree" Approved by the Commission January 14, 2025.	The core faculty experience and qualifications must include the following: • An earned post-baccalaureate degree • Content expertise in the subspecialty area • Certification and in good standing with the Board of Certification • Current state credential and in good standing with the state regulatory agency in the state in which the program is housed (in states with regulation) • Verified NPI number with appropriate healthcare field designation • Engages in scholarship • Currently practicing clinically in the subspecialty area • Active at local, state, regional, and/or national levels • Conducts essential orientation activities <u>How to Address This Standard</u> • N/A <u>Uploads</u> • Evidence of content expertise (table, professional portfolio, or similar document) • Evidence of scholarship engagement
22	The core faculty has adequate protected time to assist with and advance the residency program, with consideration given to the size and complexity of the program. Core faculty must function to: • Support the program director in program and curricular development • Uphold the ACGME Core Competencies within clinical practice • Administer and maintain an educational environment conducive to the development of the residents • Mentor residents during clinical practice to expand	The core faculty has adequate protected time to assist with and advance the fellowship program, with consideration given to the size and complexity of the program. Core faculty must function to: • Support the program director in program and curricular development • Uphold the ACGME Core Competencies within clinical practice • Administer and maintain an educational environment conducive to the development of the fellows • Mentor fellows during clinical practice to expand

	their depth and breadth of knowledge and skills in the program's specialty area • Provide instruction and assessment of the advanced knowledge, skills, and clinical abilities of the specialty area <u>How to Address This Standard</u> • Narrative describing the core faculty member's roles with regard to the responsibilities outlined above • Describe how core faculty workload is assigned • Describe the process used to arrive at the assigned load for core faculty • Provide a narrative describing how each core faculty member has clear protected time to complete their program responsibilities <u>Uploads</u> • Workload Table	their depth and breadth of knowledge and skills in the program's subspecialty area • Provide instruction and assessment of the advanced knowledge, skills, and clinical abilities of the subspecialty area <u>How to Address This Standard</u> • Narrative describing the core faculty member's roles with regard to the responsibilities outlined above • Describe how core faculty workload is assigned • Describe the process used to arrive at the assigned load for core faculty • Provide a narrative describing how each core faculty member has clear protected time to complete their program responsibilities <u>Uploads</u> • Workload Table
23	The affiliate faculty must have appropriate qualifications in their field in order to contribute to the development of the resident. <i>Annotation: Describe how those qualifications are related to their role in the program.</i> <u>How to Address This Standard</u> • Describe expertise of the affiliate faculty and their role in the program <u>Uploads</u> • Evidence of expertise (table, professional portfolio, or similar document)	The affiliate faculty must have appropriate qualifications in their field in order to contribute to the development of the fellow. <i>Annotation: Describe how those qualifications are related to their role in the program.</i> <u>How to Address This Standard</u> • Describe expertise of the affiliate faculty and their role in the program <u>Uploads</u> • Evidence of expertise (table, professional portfolio, or similar document)
24	The program has a medical director that supports the program. <u>How to Address This Standard</u> • Describe the role of the medical director within the residency	The program has a medical director that supports the program. <u>How to Address This Standard</u> • Describe the role of the medical director within the fellowship

	<u>Uploads</u> - The current license of the medical director - A work agreement, contract appointment letter, or MOU for the medical director	<u>Uploads</u> - The current license of the medical director - A work agreement, contract appointment letter, or MOU for the medical director
25	The program ensures the availability of adequate curricular resources for residents and program personnel. <i>Annotation: Curricular resources are adequate to achieve the program's stated mission, goals, and expected program outcomes.</i> <u>How to Address This Standard</u> Provide a narrative describing the presence of clinical, physical, and technical resources required to meet program needs	The program ensures the availability of adequate curricular resources for fellows and program personnel. <i>Annotation: Curricular resources are adequate to achieve the program's stated mission, goals, and expected program outcomes.</i> <u>How to Address This Standard</u> Provide a narrative describing the presence of clinical, physical, and technical resources required to meet program needs
26	The number of work hours performed during the program must be in compliance with organizational and federal policy and must not exceed the duty hour standards of the Accreditation Council for Graduate Medical Education (ACGME). <i>Annotation: Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical and didactic work done from home, and all moonlighting as outlined by the ACGME.</i> <u>How to Address This Standard</u> - N/A <u>Uploads</u> - Hours log distinguishing clinical and didactic time (allows norms/benchmarks to be established) - Location of link to ACGME duty hours definition	The number of work hours performed during the program must be in compliance with organizational and federal policy and must not exceed the duty hour standards of the Accreditation Council for Graduate Medical Education (ACGME). <i>Annotation: Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical and didactic work done from home, and all moonlighting as outlined by the ACGME.</i> <u>How to Address This Standard</u> - N/A <u>Uploads</u> - Hours log distinguishing clinical and didactic time (allows norms/benchmarks to be established) - Location of link to ACGME duty hours definition

27	The program must provide residents sufficient financial support to fulfill the responsibilities of the program. <i>Annotation: Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the program. Moonlighting time must be counted toward the 80-hour work week limitation as defined by ACGME duty hours. The intent of this Standard is for the program to show how it is protecting against the residents need to seek outside employment.</i> <u>How to Address This Standard</u> • Program must provide how financial compensation is determined; what it includes; demonstrate that it is equitable (cost of living); describe the data used to support the decision • Program must provide benchmarks for the salary and benefits package which should be compared to full time staff	The program must provide fellows sufficient financial support to fulfill the responsibilities of the program. <i>Annotation: Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the program. Moonlighting time must be counted toward the 80-hour work week limitation as defined by ACGME duty hours. The intent of this Standard is for the program to show how it is protecting against the fellows need to seek outside employment.</i> <u>How to Address This Standard</u> • Program must provide how financial compensation is determined; what it includes; demonstrate that it is equitable (cost of living); describe the data used to support the decision • Program must provide benchmarks for the salary and benefits package which should be compared to full time staff
28	The program and its stakeholders foster civil, equitable, and professional learning environments that are free from harassment and discrimination. ¹ <u>How to Address This Standard</u> • Describe how the program and stakeholders foster civil, equitable, and professional learning environments that are free from harassment and discrimination • Identify the sources of program data used that helps the program determine that professional learning environments are civil, equitable and free from harassment and discrimination <u>Uploads</u> • The program's nonprejudicial or nondiscrimination policy for educational opportunities and placements for the residents. Policies and procedure may be per sponsoring organization and not specific to the program. • Provide the relevant program data that helps the program determine that professional learning environments are civil, equitable, and free from harassment and discrimination	The program and its stakeholders foster civil, equitable, and professional learning environments that are free from harassment and discrimination. ¹ <u>How to Address This Standard</u> • Describe how the program and stakeholders foster civil, equitable, and professional learning environments that are free from harassment and discrimination • Identify the sources of program data used that helps the program determine that professional learning environments are civil, equitable and free from harassment and discrimination <u>Uploads</u> • The program's nonprejudicial or nondiscrimination policy for educational opportunities for the fellows. Policies and procedure may be per sponsoring organization and not specific to the program. • Provide the relevant program data that helps the program determine that professional learning environments are civil, equitable, and free from harassment and discrimination

	1. VI.B.6 of the ACGME Common Program Requirements (https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2022v3.pdf)	1. VI.B.6 of the ACGME Common Program Requirements (https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2022v3.pdf)
29	The program maintains appropriate resident records in secure locations. Records must include the following: • Admission applications and supporting documents • Individualized plans • Disciplinary actions/remediation • Outcomes /Assessments • Scholarship • Acceptance of program terms <u>How to Address This Standard</u> • Describe how the resident records that meet the standard are maintained in secure locations. <u>Uploads</u> • Acknowledgement of program terms (signed and dated) • Acknowledgement of orientation/onboarding (signed and dated)	The program maintains appropriate fellow records in secure locations. Records must include the following: • Admission applications and supporting documents • Individualized plans • Disciplinary actions/remediation • Outcomes /Assessments • Scholarship • Acceptance of program terms <u>How to Address This Standard</u> • Describe how the fellow records that meet the standard are maintained in secure locations. <u>Uploads</u> • Acknowledgement of program terms (signed and dated) • Acknowledgement of orientation/onboarding (signed and dated)
30	Prospective and accepted residents are provided with publicly accessible information about the program to include the following: • Program Policies & Procedures including grievance, family leave, withdrawal and/or termination, and academic dishonesty policies • Admission requirements • Employee retention requirements • Program completion requirements • Organizational fair practice policies including non-discrimination policies and protection of health and safety of the resident • Salary and financial responsibility (program related costs) • Aggregate data for the following resident achievement measures: program completion rate, resident placement rate	Prospective and accepted fellows are provided with publicly accessible information about the program to include the following: • Program Policies & Procedures including grievance, family leave, withdrawal and/or termination, and academic dishonesty policies • Admission requirements • Employee retention requirements • Program completion requirements • Organizational fair practice policies including non-discrimination policies and protection of health and safety of the fellow • Salary and financial responsibility (program related costs) • Aggregate data for the following fellow achievement measures: program completion rate, fellow placement rate

• Mission and programmatic goals <i>Annotation: The program must include a hyperlink to the program's "CAATE Program Information and Outcomes" web page on the home page of the athletic training residency program. The Program Information and Outcomes page includes aggregate data for the following achievement measures:</i> • <i>Program completion rate</i> • <i>Resident placement rate</i> <u>How to Address This Standard</u> • Ensure the Institutional and Program Profile page is current in eAccreditation. • Describe how prospective and enrolled residents are informed and have access to the information to meet the standard. • Describe how the program ensures the information that meets the standard is publicly accessible. <u>Uploads</u> • Procedures governing the award of available funding for scholarships and/or dues, if applicable • The written Policy & Procedure manual or the URL of the page where the P&P is found • Evidence of all bulleted points above (URL or written) *Standard: Removed retention. Approved by the Commission September 22, 2023. *Annotation: added to reflect the hyperlink requirement for "CAATE Program Information and Outcomes." Approved by the Commission July 12, 2022.	• Mission and programmatic goals <i>Annotation: The program must include a hyperlink to the program's "CAATE Program Information and Outcomes" web page on the home page of the athletic training fellowship program. The Program Information and Outcomes page includes aggregate data for the following achievement measures:</i> • <i>Program completion rate</i> • <i>Fellow placement rate</i> <u>How to Address This Standard</u> • Ensure the Institutional and Program Profile page is current in eAccreditation. • Describe how prospective and enrolled fellows are informed and have access to the information to meet the standard. • Describe how the program ensures the information that meets the standard is publicly accessible. <u>Uploads</u> • Procedures governing the award of available funding for scholarships and/or dues, if applicable • The written Policy & Procedure manual or the URL of the page where the P&P is found • Evidence of all bulleted points above (URL or written) *Standard: Removed retention. Approved by the Commission September 22, 2023. *Annotation: added to reflect the hyperlink requirement for "CAATE Program Information and Outcomes." Approved by the Commission July 12, 2022.
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31	Program policies, procedures and practices provide for compliance with accreditation policies and procedures, including the following: • Maintenance of accurate information, easily accessible to the public, on the program website regarding accreditation status and current resident achievement measures • Timely submission of required fees and documentation, including reports of program completion rates and resident placement rates • Timely notification of expected or unexpected substantive changes with the program and of any change in organization accreditation status or legal authority to provide residency education <i>Annotation: Associated due dates are established by the CAATE and are available in the CAATE Policy and Procedure manual. Programs are not required to submit evidence of compliance for this standard within a self-study. Evidence of compliance is required only when programs are responding to specific inquiry from the CAATE about potential noncompliance. The nature of evidence requested will depend on the nature of the inquiry.</i> <u>How to Address This Standard</u> N/A	Program policies, procedures and practices provide for compliance with accreditation policies and procedures, including the following: • Maintenance of accurate information, easily accessible to the public, on the program website regarding accreditation status and current fellow achievement measures • Timely submission of required fees and documentation, including reports of program completion rates and fellow placement rates • Timely notification of expected or unexpected substantive changes with the program and of any change in organization accreditation status or legal authority to provide fellow education <i>Annotation: Associated due dates are established by the CAATE and are available in the CAATE Policy and Procedure manual. Programs are not required to submit evidence of compliance for this standard within a self-study. Evidence of compliance is required only when programs are responding to specific inquiry from the CAATE about potential noncompliance. The nature of evidence requested will depend on the nature of the inquiry.</i> <u>How to Address This Standard</u> N/A
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SECTION IV: OUTCOMES

32	Residents must demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. <i>Annotation: The program must demonstrate resident knowledge and skills in the area of Patient Care and Procedural Skills.</i> <u>How to Address This Standard</u> - Describe the learning experiences associated with this standard and how resident performance is assessed - Demonstrate collection and appraisal of outcome measures and how these are integrated in the resident's clinical practice <u>Uploads</u> - Provide examples of outcomes data used to verify an acceptable level of performance in the area of patient care and procedural skills	Fellows must demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. <i>Annotation: The program must demonstrate fellow knowledge and skills in the area of Patient Care and Procedural Skills.</i> <u>How to Address This Standard</u> - Describe the learning experiences associated with this standard and how fellow performance is assessed - Demonstrate collection and appraisal of outcome measures and how these are integrated in the fellow's clinical practice <u>Uploads</u> - Provide examples of outcomes data used to verify an acceptable level of performance in the area of patient care and procedural skills
33	Residents must demonstrate knowledge of established and evolving biomedical, clinical epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient centered care. <i>Annotation: The program must demonstrate resident knowledge and skills in the area of Medical Knowledge.</i> <u>How to Address This Standard</u> - Describe the learning experiences associated with this standard and how resident performance is assessed - Demonstrate collection and appraisal of outcome measures and how these are integrated in the resident's clinical practice <u>Uploads</u> Provide examples of outcomes data used to verify an acceptable level of performance in the area of medical knowledge	Fellows must demonstrate knowledge of established and evolving biomedical, clinical epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient centered care. <i>Annotation: The program must demonstrate fellow knowledge and skills in the area of Medical Knowledge.</i> <u>How to Address This Standard</u> - Describe the learning experiences associated with this standard and how fellow performance is assessed - Demonstrate collection and appraisal of outcome measures and how these are integrated in the fellow's clinical practice <u>Uploads</u> Provide examples of outcomes data used to verify an acceptable level of performance in the area of medical knowledge

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

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

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

	provided <u>Uploads</u> Provide examples of outcomes data used to verify an acceptable level of performance and an increase in depth and breadth of the ACGME Core Competencies	provided <u>Uploads</u> Provide examples of outcomes data used to verify an acceptable level of performance and an increase in depth and breadth of the ACGME Core Competencies
39	Residents must demonstrate an increase in depth and breadth of knowledge, skills, behaviors and abilities across the specialty area. <i>Annotation: The program must use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff). Must be interwoven across clinical, didactic, and scholarship within the specialty area. Must document progressive resident performance improvement in the specialty area. The outcomes of these assessments must be formally shared with all associated program personnel.</i> <u>How to Address This Standard</u> - Describe the learning experiences associated with this standard and how resident performance and individual progression is assessed - Describe how informal and formal feedback occurs related to the specialty area throughout the experience - Describe how summative/formative tools are used to assess increased depth and breadth in the specialty area and to enhance individualized plans for the resident <u>Uploads</u> - Provide examples of outcomes data used to verify an acceptable level of performance in the specialty area (examples: professional portfolio, case logs, diagnostic accuracy data)	Fellows must demonstrate an increase in depth and breadth of knowledge, skills, behaviors and abilities across the subspecialty area. <i>Annotation: The program must use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff). Must be interwoven across clinical, didactic, and scholarship within the subspecialty area. Must document progressive fellow performance improvement in the subspecialty area. The outcomes of these assessments must be formally shared with all associated program personnel.</i> <u>How to Address This Standard</u> - Describe the learning experiences associated with this standard and how fellow performance and individual progression is assessed - Describe how informal and formal feedback occurs related to the subspecialty area throughout the experience - Describe how summative/formative tools are used to assess increased depth and breadth in the subspecialty area and to enhance individualized plans for the fellow <u>Uploads</u> - Provide examples of outcomes data used to verify an acceptable level of performance in the subspecialty area (examples: professional portfolio, case logs, diagnostic accuracy data)

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