Transitioning between the Requirements of Accrediting Bodies in Athletic Training Education Programs: What Might It Take?

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TRANSITIONING BETWEEN THE REQUIREMENTS OF ACCREDITING BODIES IN ATHLETIC TRAINING EDUCATION PROGRAMS: WHAT MIGHT IT TAKE?

by

Jennifer O’Donoghue

A Dissertation
Submitted to the
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Dr. Sue Poppink, Advisor

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Athletic training education accreditation recently transitioned from the Commission on Accreditation of Allied Health Education Programs (CAAHEP) to the newly established independent accrediting agency: the Commission on Accreditation of Athletic Training Education (CAATE).

The purpose of this case study was to utilize Western Michigan University's Undergraduate Athletic Training Education Program (WMU-ATEP), as an illustrative case, to examine and evaluate the effort and structural, curricular, human, and financial resources necessary to satisfy the requirements of the 2005 CAATE Standards for the Accreditation of Entry-Level Athletic Training Education Programs and Comprehensive Review for Accreditation Process when it transitioned from the 2001 CAAHEP Accreditation Standards and Guidelines and Accreditation Process for Educational Programs in Athletic Training. The case study then evaluated if the requirements for satisfying the 2005 CAATE Accreditation Standards and Process allowed for more flexibility, efficiency, promotion of professionalism, or the development of collegial relationships.
This research project was a case study that adopted an evaluative form of qualitative methodology. The data were collected through the techniques of content analysis, document evaluation, personal correspondence, and inquiry. The qualitative researcher was also the Program Director of the WMU-ATEP. The researcher was therefore a participant-observer and primary instrument for data collection and analysis.

The major findings of the 122 areas evaluated found that 95 of the 2005 CAATE Accreditation Sections, Sub-sections, Standards, Sub-standards, and Sub-section Standards were categorized as providing efficiency; 26 provided more flexibility; 58 promoted professionalism; and 21 assisted in developing collegial relationships.

The comparison of the Accreditation Processes yielded findings that the two did not provide for an immense variation. Overall, the CAATE Accreditation Process was found to be more efficient than the CAAHEP Accreditation Process and removed unimportant steps and the collection of unnecessary information.

Accreditation studies have focused predominantly on the categories, purposes, providing agencies, and necessity. The findings of this case study added to the literature by serving as an example and providing a basis for other ATEPs to understand the effort and resources required in satisfying the requirements of the CAATE Accreditation Standards and the Process brought upon by the transition from the previous recognized accreditor.
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DEDICATION

The completion of the research study is dedicated to my father, Mr. Patrick James Schultheis, who was taken by God just before I started down this road.

Dad, though you were unable to be physically present from start to finish, you supplied inspiration and a driving force. I always felt your presence and thank God for you, the path you laid, the foundation you set, and life’s education that you provided; life does go on. I love you, Dad, and miss you every single day. I hope I made you proud!!
ACKNOWLEDGMENTS

Successfully completing a dissertation is not a solo act. The completion of this immense journey would not have been possible without the love, friendship, and encouragement of a lot of people. Whether by tradition or actual participation, I would like to first thank my family. My husband Jeff, because he felt every one of my struggles, stayed with me through all my melt-downs and was there for every triumph; my children, first Ci’an who was born at the fruitful beginning, and Lily, who turned 10 months at the glorious end; my loving mother, for always enquiring, providing her support, and being proud; my wonderful parents-in-law, who told me from the beginning that they would help in any way possible and they sure did! I would also like to thank my brother Mike; I don’t think he had any idea that he was part of this and I wanted to make him proud! In closing to my family, thanks go out to all of my aunts, uncles, cousins, friends, and in-laws, plus my Grandma and Grandpa Schultheis, who passed away in the process; I love you all very much and your encouragement was always appreciated.

A huge thank you also needs to go to my committee members, Dr. Sue Poppink, Dr. Andrea Beach, and Dr. Jody Brylinsky: Whew! I learned more than I could have imagined! You three were my teachers, advisors, drill sergeants, heroes, and role-models. Thank you also to Hope Smith, my editor and formatter; Suzanne Ayers, for imparting her wisdom and finally beating it into my head that I needed to set realistic timelines for
completion; being a wife, mother, and Program Director of a large academic program
does not allow you to finish everything when you wish you could.

Additional thanks go to Jessie Grant, for bestowing me with his “HO” philosophy;
Margaret Wiedenhoeft, for being my dissertation partner; my students, for their constant
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well as all their prayers—you are all my friends and esteemed colleagues; and Dr. Robert
Moss... I always knew I wanted to be some kind of doctor, but through your actions and
the education you provided me, as your scholar, I found my path.

I remember when I started my doctoral classes, professors discussed the good,
bad, and ugly of dissertation and that you may hate it by the end. While I did find the
dissertation process to be painful, especially because the idea for this case study was not
my original idea, I found that at the end I felt amazingly strong and that I had thoroughly
grasped an understanding of a subject that I had become passionate about.

In closing, a word of advice to future students and researchers would be: You
need to find a subject that you are passionate about because you are going to probably
spend more time with it than you will with your spouse or family. At times you may want
to cry, beat your head against the wall, or think it would be less painful to slam your hand
in a car door. However, if you ever feel like quitting, go and slam that hand in the door
Acknowledgments—Continued

and maybe it will wake you up to the fact that you started this process under your own volition; don’t throw away all the time and effort you put into it . . . FINISH IT!

Jennifer O’Donoghue
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CHAPTER I

INTRODUCTION

Background

The process of higher education accreditation in the United States (U.S.), according to the Council for Higher Education Accreditation (CHEA) (2002), involves an external review of the quality of educational programs offered in higher education institutions. According to Berdahl and McConnell (1999) and the United States Distance Education and Training Council (USDETC) (n.d.), accreditation is a course of action and public service that institutions of higher education must undertake to ensure their alignment with standards and guidelines. The discussion of accreditation in higher education, according to Berdahl and McConnell (1999), has been brought on by the consumer movement and is important due to its relevance to quality assurance, accountability, consumerism, and the allocation of funding.

Since the early years of schooling in America, individuals have recognized the necessity to standardize educational programs in order to provide more consistency in education; this standardization has evolved into what is referred to as accreditation (McAneer, 1952). Today, a vast amount of material is available regarding accreditation: the categories, purposes, providing agencies, and necessity. What is not known or easily interpreted is the effort required to achieve or maintain accreditation when transitioning
from one accrediting body to another, and how education programs make that effort to meet all the necessary accompanying requirements.

In 1950, a meeting took place in Kansas City among professionals that marked the beginning of the National Athletic Trainers Association (NATA) (Delforge & Behnke, 1999; Weidner & Henning, 2002). Today the NATA is referred to as an association of athletic trainers and other sports medicine professionals, recognized by the American Medical Association (AMA) as an allied health profession and field of study. The mission of the NATA is to outline the ethical and professional standards for certified athletic trainers and to enhance the quality of health for physically active individuals through the exchange of ideas, knowledge, and the methods specifically pertaining to athletic training (NATA, 1999; Prentice, 2005).

The original meeting of the NATA was integral in the establishment of the athletic training profession and its educational foundation. After the initial meeting in 1950, the NATA’s primary goal of designing and implementing an educational curriculum for the preparation of professional entry-level athletic trainers took root. In 1959, the first official curriculum for a baccalaureate degree in Athletic Training was established and recognized. In the years that followed, major changes were made in general curriculum design and oversight. In the late 1980s and early 1990s, the NATA acknowledged the worth of seeking the recognition of an outside accreditor, as had other educational programs and professions; as the field of athletic training changed, so had the need for recognition of athletic training as an allied health education program and profession.
Athletic training education programs are currently involved in a massive educational and accreditation reform. The most notable change affecting the profession is the recent establishment of a recognized independent accrediting agency: the Commission on Accreditation of Athletic Training Education (CAATE). In addition, over 341 currently accredited athletic training education programs (ATEPs) are in the process of making the transition from the requirements of the previous recognized accreditor, the Commission on Accreditation of Allied Health Education Programs (CAAHEP), and the organization’s 2001 CAAHEP Accreditation Standards and Guidelines and Accreditation Process for Educational Programs in Athletic Training, to becoming compliant with the 2005 CAATE Standards for the Accreditation of Entry-Level Athletic Training Education Programs and Comprehensive Review for Accreditation Process, developed by the CAATE (2005a).

The Joint Review Committee on Education in Athletic Training (JRC-AT) provided a great deal of rationale as to why the disassociation with the CAAHEP and the move to self-accreditation would benefit athletic training education and the profession. In review of the documents supplied by the JRC-AT, the themes that repeatedly emerged as to what the transition to the CAATE Accreditation Standards and Process would provide included efficiency, flexibility, promotion of professionalism, and the development of collegial relationships.

Statement of the Research Problem

The multitude of information that is available on accreditation focuses on the purpose of accreditation (Alstete, 2004; Berdahl & McConnell, 1999; CHEA, 2002, 2003,
2006; Eaton, 2000; Gayle, Tewarie, & White, 2003; Gould, 2002; Wood, 2006); the
history of accreditation (Alstete, 2004; Alstete, Berdahl & Gumport, 1999; Young, 1979;
Young, Chamber, & Kells, 1983); accrediting agencies (CHEA, 2001, 2004; Degree.net,
2000; Phillips, 2004; Turocy, personal communication, February 13, 2006; U.S.
Department of Education, n.d.; Weigel, 2002); the necessities and challenges of seeking
and maintaining accreditation; and the effects that accreditation can have on educational
organizations, institutions, and programs of study (Braithwaite et al., 2006; Brown, 2001;
Craig, 2003; Grace, 1999; Mathies, 1993; Rosenthal, 1991; Roth, 1989; Sehgal, 2002;
Smith, 1990; Toonstra, 2003; Volkwein, Lattuca, Harper, & Domingo, 2006). Much of
the available literature acknowledges that the main purpose of accreditation, and the
agencies that grant this status, is to enhance educational programs and ensure quality by
demonstrating that a program or institution has met certain delineated standards and
guidelines (Alstete, 2004; Berdahl & McConnell, 1999; CHEA, 2002; Gayle et al., 2003;
Gould, 2002).

The concept of accreditation has developed tremendously since the establishment
of early American higher education, but not without criticism as to the purpose it serves,
which organizations should be granting the status of accreditation, and who or what
should be accredited (Alstete, 2004). What has remained constant is the overall goal of
creating and providing a system in which to review programs to assure educational
quality. Although accreditation may have many definitions and purposes, the similarities
among all supportive programs and institutions, as well as the accrediting agencies
themselves, is that accreditation serves the purpose of mandating accountability and that
institutions and programs that are accredited must meet and maintain certain standards and guidelines.

According to Alstete (2004), the reason that many educational programs and institutions look for the seal of approval provided specifically by specialized and regional accrediting agencies is to gain recognition from the public and the government for financial support, authenticity, and to promote the educational programs' and institutions' own advancement towards better quality. In regards to fundamental issues, an institution or program actually has no choice but to seek accreditation. An institution or program must attain accreditation in order to have access to federal funds; provide academic legitimacy (specifically for degree, certification, and licensure requirements); ease the transfer of credits to other institutions; engender employee confidence; and assure quality and effectiveness to the population the institution or program is supported by (CHEA, 2003; Eaton, 2000).

The goals of accreditation in many professions, specifically the allied health profession and education field of athletic training, are to not only provide program students with an exceptional program, but to also work towards the betterment of the profession and the professional image (Craig, 2003). In addition, accreditation can foster competition among institutions and programs to strengthen the quality, reputation, and educational requirements of professional credentials and to resolve disparities in the preparedness of individuals in certain fields and professions that call for individual licensure and/or certification (Craig, 2003). Although the presented list of accreditation goals is not complete, the list does provide the premise upon which the need for accreditation is based.
While there are benefits to accreditation, there are drawbacks as well. The most prominent benefits of seeking and maintaining accreditation include validation, consistency, unification, an increase in the quality of the program or institution, increased levels of professionalism, qualifications and credentials of faculty members, the promotion of consistency in what is expected from graduates of educational programs, and the development and promotion of higher expectations and evaluated outcomes among stakeholders (Collins, 1997; Eaton, 2003; Roth, 1989; Smith, 1990; U.S. Department of Education, n.d.). The drawbacks of accreditation, revealed in studies, include increased levels of criticism; the need for immense financial support; the development of stress, anxiety, and possible negative attitudes of stakeholders; decreased focus among participating faculty in the areas of teaching, research, and community service; inconsistent interpretation of accreditation standards between the institution or program and the accrediting body; and most predominantly, the time commitment involved in becoming and staying accredited (Alstete, 2004; Collins, 1997; Roth, 1989; Strutz & Gilje, 1990).

Overall, studies performed by Berdahl and McConnell (1999), Collins (1997), and Gayle et al. (2003) support the benefits and drawbacks presented above and additionally recognize that the fundamental resources that an institution must possess in order to seek accreditation: funding, time, supportive faculty and staff, and a willingness to be scrutinized in order provide a quality product. The challenges that accreditation-seeking institutions and programs undergo in the accreditation process can produce a tremendous amount of stress and anxiety and can often be subjective, may be a strain to the program,
may be overwhelmingly financially daunting, and can raise issues of autonomy and accountability (Berdahl & McConnell, 1999; Collins, 1997).

Few studies have focused on the course of action necessary for an institution or an educational program to take when transitioning to a new accrediting body and that body's associated accreditations standards and process. Additionally few, if any, studies have been performed to evaluate the effort and resources required of an institution or program in order to become compliant with all necessary requirements of such a transition (Braithwaite et al., 2006; Mathies, 1993; Volkwein et al., 2006). In one of the few studies conducted focusing on institutional and program transition to an accrediting body, Braithwaite et al. (2006) found that more studies focused on reviewing the effectiveness of accreditation as an indicator of quality performance. The researchers questioned how effectiveness could be validated and what the impact of accreditation can be on a program, specifically in the field of health care. These authors found that in implementing the accreditation process, many areas needed to be reviewed, such as resources, financial support, rationale for seeking accreditation, and what the status of receiving accreditation would mean to the educational program if it were to be achieved.

In another study, Volkwein et al. (2006) concluded that there has been very little research that focuses on the influence of accreditation on programs, or the impact that accreditation changes or revisions can have on programs of education and outcomes of student learning; habitually, studies or discussions have concentrated on accreditation for the purpose of providing for quality assurance. In the study performed by these authors, one of their main goals was to assess the impact of imposing changes brought on by implementing a new engineering education model and its associated standards. Volkwein
et al. found the programs that implemented the changes early under the new accrediting body and standards provided a catalyst of change in relation to performance outcomes. The programs already accredited reported seeing positive results in learning outcomes and positive changes to the overall structure with the transition to implementing the new standards.

In relation to athletic training, in a non-peer reviewed study, Mathies (1993) also found that very little literature is available evaluating the accreditation process in relation to implementation and transition, specifically as implementation and transition relate to the allied health profession of athletic training. Additionally, Mathies’ (1993) review of other allied health professions indicated that accreditation brought about unity and an improvement in educational standards. In relation to the change that athletic training was going through when the study was performed, the findings indicated that the commitment of time was considered a drawback and that athletic training programs were not found to be consistent in implementing the accreditation standards, possibly due to different interpretations of how to implement them. When reviewing the old standards under the NATA versus the new standards under the Committee on Allied Health Education and Accreditation (CAHEA), Mathies found that the biggest differences were in the areas associated with human resources, operational policies, and curriculum. These differences will be further reviewed in Chapter II.

There remains a true deficiency in literature and research describing the effort that is required to transition from one recognized accrediting body to another, or the influence such a transition has on already established accredited education programs. The field of athletic training education has exploded since its original founding over 50 years ago.
Due to the current status of over 341 currently accredited athletic training education programs (ATEPs) making the transition from the requirements of the 2001 CAAHEP Accreditation Standards and Guidelines and Accreditation Process for Educational Programs in Athletic Training, to satisfying the requirements of the 2005 CAATE Standards for the Accreditation of Entry-Level Athletic Training Education Programs and Comprehensive Review for Accreditation Process, it is imperative for all ATEPs to obtain a true comprehension of the effort and resources necessary for the transition to the CAATE requirements.

Therefore, the purpose of this case study was to evaluate the effort and resources required for the Western Michigan University’s Undergraduate Athletic Training Professional Program (WMU-ATPP) to make the transition from the requirements of the 2001 CAAHEP Accreditation Standards and Guidelines and Accreditation Process for Educational Programs in Athletic Training to satisfying the requirements of the 2005 CAATE Standards for the Accreditation of Entry-Level Athletic Training Education Programs and Comprehensive Review for Accreditation Process. It should be understood that the case study was not an evaluation of the WMU-ATEP, but that the WMU-ATEP was used to illustrate the effort and structural, curricular, human, and financial resources necessary to satisfy the requirements of the 2005 CAATE Accreditation Standards and Process when the WMU-ATEP transitioned from the requirements of the 2001 CAAHEP Accreditation Standards and Process. The case study then evaluated whether the requirements for satisfying the 2005 CAATE Accreditation Standards and Process aligned with the JRC-AT’s reasons for moving to self-accreditation and allowed for more
flexibility, efficiency, promotion of professionalism, or the development of collegial relationships.

Research Questions

Given the purpose statement above, the research questions guiding this case study were:

*Research Question 1:* Performing a content analysis, what were the necessary structural, curricular, human, and financial resources necessary to satisfy the requirements of the 2005 CAATE Accreditation Standards and Process?

*Research Question 2:* How did the WMU-ATEP satisfy the requirements of the 2005 CAATE Accreditation Standards and Process that were identified as being new or revised, in comparison to the previous 2001 CAAHEP Accreditation Standards and Process?

*Research Question 3:* Did the requirements for satisfying the 2005 CAATE Accreditation Standards and Process allow for more flexibility, efficiency, promotion of professionalism, or development of collegial relationships?

Rationale for the Study

As early as 1979, Young pointed out the lack of research that was performed pertaining to educational accreditation. Young found that the area of educational accreditation had evolved so much since its inception; it was hard to understand its true concept, need or process:
professionals and volunteers who have been actively involved in accreditation have been so busy making the process work that they have had little or no time to spend in educating others as to its values, its limitations, and its changing emphases. (Young, 1979, p. 1)

The Joint Review Committee on Education in Athletic Training (JRC-AT) and the CAATE’s interest in making the transition to self-accreditation both immediate and seamless has led ATEPs to engage in the transition to the requirements of the 2005 CAATE Accreditation Standards and Process with little guidance or understanding of how the new process will differ from the old. Faculty, staff, administrators, and the students of the ATEPs are caught in a challenging situation as they face implementing and keeping up with the changes put forward by the JRC-AT and the CAATE in order to satisfy requirements and maintain accreditation status. A better understanding of how the criteria for compliance under the new 2005 CAATE Accreditation Standards and Process work may serve to help ATEPs meet the challenges of the transition.

In January 2003, the JRC-AT surveyed 365 programs that were accredited or in candidacy stage. The survey asked the respondents to indicate their preference among three choices for the future of athletic training accreditation (JRC-AT Report, 2003). One hundred and twenty-two out of 167 respondents chose the route of self-accreditation with recognition by the Council for Higher Education Accreditation (CHEA). Further, the findings also indicated that individuals felt that the benefits to the proposed revision in athletic training accreditation would include prestige through establishing a relationship and link to recognized higher education accrediting organizations, flexibility, timely decisions on accreditation status, autonomy through the profession structuring and guiding its own educational philosophy, and an ability to elect an executive director for
the JRC-AT. In addition, the U.S. Department of Education (n.d.) and the CAATE (2006, ¶ 3) suggest that various functions of accreditation are to “create goals for self-improvement of weaker programs and stimulating a general raising of standards . . .” in addition to the ability to “involve faculty and staff comprehensively in program evaluation and planning.” Fundamentally, accreditation has the ability to promote collegial relationships between stakeholders.

CAATE, the new accrediting body, has anticipated that the transition may provide for a more comprehensive and efficient accreditation and educational model (CAATE, 2006). In addition, the CAATE (2006) expects that the revised model will provide for a stronger, more coherent curriculum; promote beneficial and collegial relationships between all stakeholders, and impart to students the necessary means of becoming successful entry-level practitioners within the allied health field of athletic training.

As stated previously, athletic training education is currently involved in a massive reform primarily in response to the transition to the newly recognized independent accrediting agency, the CAATE, and the implementation of the 2005 CAATE Standards for the Accreditation of Entry-Level Athletic Training Education Programs and Comprehensive Review for Accreditation Process, developed by the CAATE.

Overall, the evaluation of the effort and structural, curricular, human, and financial resources necessary to meet the requirements of the 2005 CAATE Standards for the Accreditation of Entry-Level Athletic Training Education Programs and Comprehensive Review for Accreditation Process; what the WMU-ATEP did to meet the requirements; and evaluation of the goals that the new agency has proposed, will serve to assist other ATEPs. The findings of this case study may also serve as important for the
recognition of the profession and its ability to move forward and distinguish itself among all allied health professions.

Conceptual Frame

The conceptual framework for studying the transition to revised accreditation process and Accreditation Standards is shown in Figure 1.

![Figure 1. Conceptual framework for studying the transition to revised accreditation process and Accreditation Standards.](image-url)
Delimitations

The research will be delimited to the following:

1. The single ATEP that will be utilized will be the Western Michigan University Athletic Training Professional Program.
2. Interaction with faculty, staff, and administrators will utilize open discussion dialogue and not an interview process.
3. The University’s Human Subjects Institutional Review Board (HSIRB) has determined this study to be a program exploration “gathering data about programs and not about individuals . . .” (HSIRB, 2006); therefore, approval by this Board is not required.

Limitations

Factors that may be beyond the control of the investigator, include:

- Long-term impact of this transition is not known

Definition of Terms

In order to acquire a comprehension of the key terms relative to this study, the following definition will be used throughout the study:

_Accredited Athletic Training Education Programs_: Programs accredited by the Commission on Accreditation of Athletic Training Education (CAATE) (CAATE, 2006).
American Medical Association (AMA): The AMA is the largest medical association in the nation and recognizes athletic training and 16 other occupations as allied health professions (Delforge & Behnke, 1999).

Athletic Training Education Program (ATEP): Entry-level athletic training education programs located in various colleges and universities across the country that have obtained the CAATE accreditation.

Approved Clinical Instructor (ACI): A full-time faculty member, staff member, or graduate assistant who provides direct supervision and instruction of students in the clinical aspect of the athletic training program (Dorea, 2000) and who has undergone training provided by a clinical instructor educator (CIE).

Commission on the Accreditation of Athletic Training Education (CAATE): As of 2006, the independent accrediting agency that accredits Athletic Training Education Programs that are compliant with the 2005 Accreditation Standards.

Commission on Accreditation of Allied Health Education Programs (CAAHEP): Recognized by the Council for Higher Education Accreditation (CHEA), CAAHEP is the current accreditation agency for all entry-level athletic training education programs (Ritenour, 2002).

Curriculum: Appropriate instructional emphasis on specific subject matter areas as reflected in and following the Standards and Guidelines in Athletic Training for providing clinical experiences under the direct supervision of an approved clinical instructor in an acceptable setting.

Entry Level Athletic Training Education Program: An undergraduate course of study and clinical program, which formerly was accredited by the CAAHEP and now is
accredited by the CAATE, designed to prepare students to challenge the certification examination administered by the Board of Certification (BOC) examination (Peer, 2001).

Joint Review Committee on Education in Athletic Training (JRC-AT): The JRC-AT serves as the accreditation review committee for entry-level athletic training education programs. All institutions seeking accreditation or accreditation renewal are first required to make application to this committee (Delforge & Behnke, 1999).

National Athletic Trainers’ Association (NATA): An association of athletic trainers and other sports medicine professionals with the mission to enhance the quality of health for the physically active through the exchange of ideas, knowledge, and the methods specifically pertaining to athletic training (NATA, 1999).

National Athletic Trainers’ Association Board of Certification (NATABOC): This agency is responsible for the certification of the entry-level athletic trainer and also researches and identifies standards for the athletic training profession. The NATABOC has been the independent decision-maker for all certification issues since 1989 (Grace, 1999).

National Athletic Trainers’ Association Education Council: Comprised of members form the National Athletic Trainers’ Association Board of Certification and the Joint Review Committee on the Education in Athletic Training, the Education Council serves as clearing house for educational policy, development, and delivery (Delforge & Behnke, 1999).

Program Director: An individual who serves as an educator, clinician, faculty member, recruiter of students, supervisor of clinical assignments, coordinator of the
educational experience, and liaison between the athletic training curriculum and the Professional Education Committee of the NATA (Dorea, 2000).
CHAPTER II

REVIEW OF THE LITERATURE

The purpose of accreditation in higher education is to identify institutions and programs that provide a quality education and hold each to a level of accountability for doing so (CHEA, 2006; Wood, 2006). Multiple past studies, performed by groups of investigators in higher education, have explored various domains of accreditation. The areas explored have included: the purpose of accreditation (Alstete, 2004; Berdahl & McConnell, 1999; CHEA, 2002, 2003, 2006; Eaton, 2000; Gayle, Tewarie, & White, 2003; Gould, 2002; Wood, 2006); historical evolution of accreditation (Alstete, 2004; Altback, Berdahl & Gumport, 1999; Young, 1979; Young, Chamber, & Kells 1983); types of accrediting agencies (CHEA, 2004; Phillips, 2004; Turocy, personal communication, February 13, 2006; U.S. Department of Education, n.d.); differences in the agencies (CHEA, 2004; Phillips, 2004; U.S. Department of Education, n.d.); reasons behind why a particular agency should be chosen (CHEA, 2001; Degree.net, 2000; Phillips, 2004; Weigel, 2002); the necessities and challenges of seeking and maintaining accreditation; and the effects that accreditation can have on educational organizations, institutions, and programs of study in addition to the benefits and drawbacks of accreditation (Braithwaite et al., 2006; Brown, 2001; Craig, 2003; Grace, 1999; Mathies, 1993; Rosenthal, 1991; Roth, 1989; Sehgal, 2002; Smith, 1990; Toonstra, 2003; Volkwein et al., 2006).
This chapter’s review of literature includes the historical evolution and purpose of accreditation within higher education, the categories and background of accrediting organizations, how accredited institutions and programs should be chosen, the necessities and challenges of achieving and maintaining the status of accreditation, effects of accreditation including its benefits and drawbacks, athletic training and its educational history, and the past and present state of accreditation in athletic training education.

History of Accreditation

According to the Council for Higher Education Accreditation (CHEA), the fundamental purpose of accreditation is to ensure overall quality and continued improvement in the academic programs provided by colleges and universities (CHEA, 2002). The CHEA stated that the task of appointing accreditation to programs and institutions in higher education within the United States is conducted by nonprofit, private organizations and involves an external review of the quality of educational programs.

Accreditation in higher education, as it is practiced today, is considered a relatively new model compared to its initial establishment in early American higher education. The concept, or roots, of accreditation of American colleges and universities dates back to Harvard University’s founding in 1636 (Alstete, 2004; Altback et al., 1999; Young et al., 1983).

Harvard University’s process of accreditation at that time, according to Alstete (2004), was to establish committee systems to handle issues related to administration, student discipline, and admissions. Initially postsecondary education was prescribed for
individuals who wished to pursue a career in the ministry. The coursework included Latin, Greek, Hebrew, logic, and natural philosophy. A system of accreditation, with tasks performed by intercollegiate agencies, local, state, or federal government, was not needed because there were relatively few institutions of higher learning, only a small portion of the overall population attended, and the curriculum was not deemed a concern to many (Young et al., 1983).

Historically when the process of accreditation was enacted, the small number of collegiate committees that performed this duty dealt with a minority of issues. The lack of review committees available that could perform these basic accreditation reviews led to a large diversity in the types of institutions, students, and the quality of education that could be obtained by a student. The need for more standardized accreditation came about due to postsecondary institutions becoming more divergent and complex; there developed a need for conformity and agreement among institutions of higher learning (Young et al., 1983, p. 3).

Alstete (2004) states that, in approximately 1890, a crusade began to accredit higher education institutions, which met a variety of basic standards. The focus during the late 1800s dealt with college admission standards, preparatory courses needed to be admitted to college, the role of the secondary school, and competition between colleges for students. Individuals, dating as far back as 1873, felt that there needed to be a form of communication between the secondary schools and the colleges.

As of 1901, the movement towards accreditation became a major force in education and professional development. The federal government did not have the authority to deal with unresolved individual educational issues that were beyond the
scope of state officials. Due to local autonomy, according to Young et al. (1983), individuals who were part of the college community began to delve into these issues and on the days of August 3-4 in 1906, the phenomenon leading to accreditation, as it is known in higher education today, took root.

The focus of the initial accreditation meeting in 1906, assembled by the National Association of State Universities, and in response to a proposal presented by the then president of the State University of Iowa, was:

> to present a plan . . . for establishing, preserving, and interpreting in common terms the standards of admission to college, whatever be the method or combination of the methods of admission, in order to accommodate migrating students and to secure just understanding and administration of standards. (Conference Minutes, 1906, in Young et al., 1983, p. 4)

Purpose of Seeking Accreditation Today

According to Phillips (2004), the main purpose of accreditation is to ensure a program or institution has met certain delineated standards and guidelines. The discussion of accreditation in higher education, according to Berdahl and McConnell (1999), has been brought on by the consumer movement in higher education and is important due to accreditation’s relevance to quality assurance, accountability, consumerism, and the allocation of funding.

According to the U.S. Department of Education (n.d.), the role of the federal government is not to mandate accreditation. Instead the government’s role is to recognize the activities and recommendations provided by established accrediting associations, thus preserving professional control and local autonomy.
Alstete (2004) states the reason that many educational programs and institutions look for the seal of approval provided by accrediting agencies, even when the programs and institutions find themselves not agreeing with the principal requirements of the accrediting organization(s), is to distinguish themselves from the programs that do not meet the recognized and standardized guidelines. Although seeking accreditation is voluntary and self-regulatory, to not be accredited would mean to not be officially recognized as meeting those established standards and guidelines. Kaplin and Lee (1995) and CHEA (2002) go on to state that both public and private institutions rely on and find it necessary to seek and maintain accreditation status in order to provide an assurance of quality, access to federal funds, ease the possibility of credit transfer, and engender employer confidence.

According to Kaplin and Lee (1995), as the fundamental basis upon which accreditation has evolved, the private accrediting bodies have taken on an integral role in the progression and maintenance of the standards to which postsecondary institutions are held. The influential private accrediting bodies have gained considerable power over the institutions and programs seeking to obtain or retain accreditation status (Kaplin & Lee, 1995). In the last 100 years, the evolved role of the accreditors and their power has led to cases of controversy, misunderstanding, and debate (Kaplin & Lee, 1995). Kaplin and Lee go on to state that many of these issues stem from several areas: the relationship of the accreditors with the federal government; the question of the actual roles, responsibilities, and functions of these agencies; and to whom these agencies are held accountable.
Accrediting Agencies

Young et al. (1983) stated that initial accreditation attempts led to the creation of the two most recognized branches of accreditation: institutional, also known as regional, and specialized. During the time of initial accreditation, an early regional accreditor was the North Central Association (NCA). In 1905, before the historical meeting assembled by the National Association of State Universities, the NCA started to accredit high schools (Young et al., 1983). In 1909, the NCA went on to accredit member colleges and put together a set of standards. In 1910, standards developed by the NCA were applied and in 1913 the first list of accredited institutions was published.

Specialized accreditation, specifically of health care fields, saw importance in the initiatives created by the dawning of regional accreditation. According to Alstete (2004), the field of medicine was an early commander in specialized accreditation. In 1904, the American Medical Association (AMA) Council on Medical Education was formed. The purpose of the AMA's Council on Medical Education was to review issues of quality in medical education. In 1905, the AMA developed a medical school rating system, and in 1906, inspection of medical schools was instituted. The preparation of the first classifications of medical schools was established in 1907, and in 1910, the Flexner Report, through collaboration with the Carnegie Foundation, was published (Young et al., 1983). The Flexner Report led to the development of a national accrediting system for medical schools, which subsequently led to many schools being closed due to the inability to meet standards (Alstete, 2004).
During the development of these two arms of recognized accrediting approaches, specialized and regional, the second generation of academic accreditation took over (Alstete, 2004). According to Alstete (2004), regional and specialized accrediting organizations formed a group and attempted “national coordination among the regional agencies and periodic changes in the supraregional oversight coordinating bodies” (p. 13). This group of accrediting organizations also attempted to increase the number of specialized accreditors and put together a standard analysis method that was largely input-driven (Alstete, 2004).

The work of the second generation lasted until the early 1970s (Alstete, 2004). A new generation of academic accreditors then started the focus on a strong mix of regional, national, and specialized accrediting organizations, with the primary focus still on regional and specialized or professional (U.S. Department of Education, n.d.; Young et al, 1983).

Today’s generation is interested in establishing diversity in “quality standards among regional and specialized agencies, focused self-studies, coordinated evaluations and other new models for periodic review” (Alstete, 2004, p. 13). According to the CHEA (2001), the responsibility of the accrediting community is to identify the way in which education is delivered, whether it takes place in a traditional or alternative setting; modify the guidelines in a way that assures quality; review student achievement and learning outcomes; work with the government on adjusting policy standings currently in place in order to maintain a shared commitment to self-regulation and autonomy; and take on more responsibility in meeting the demands of the public for delivering quality education.
As a government agency, the U.S. Department of Education (n.d.) is not an accreditor of educational institutions. However, the Secretary of Education publishes a list of nationally recognized accrediting agencies that the Secretary determines to be reliable as authoritative bodies that assure the quality of education, training, and programs of higher education. The Council for Higher Education Accreditation (CHEA) (2002) is one of the most recognized nonprofit, private organizations responsible for coordinating accreditation within the United States. Over 3,000 universities and colleges and 60 national, regional, and specialized accreditors are represented by the CHEA.

There are eight geographical regions within the United States with 19 recognized institutional accrediting organizations found within these regions (CHEA, 2006; Phillips, 2004). The 19 organizations, operating in specific clusters of states or regions in the U.S, are nongovernmental agencies responsible for exercising authority for and assigning accreditation status to degree-granting institutions. The organizations evaluate and accredit the “total” university, not the individualized programs within the university. All state universities and an overwhelming portion of private colleges and research institutions are regionally accredited, the most widely recognized form of accreditation (Phillips, 2004). The regional accrediting organizations review entire institutions, 97.4% or more of which are both degree-granting and nonprofit. There are approximately 2,693 regionally accredited institutions.

The scope of national accreditation is to focus on entire institutions with a narrow focus, not multi-campus and program institutions. According to CHEA (2003), national accreditors operate around the nation and review entire institutions, 35.9% of which are degree-granting and 64% or which are nondegree-granting. As few as 20.9% of these
institutions are nonprofit and 79% are for-profit. There are approximately 3,458 nationally accredited institutions. Many of the nationally accredited institutions’ primary focus is single subject, for example, health, business, and information technology.

Specialized accreditors operate throughout the country and review programs housed within multi-focus institutions and various single-purpose institutions (CHEA, 2003; P. S. Turocy, personal communication, February 13, 2006; U.S. Department of Education, n.d.). The specialized accrediting bodies do not accredit entire institutions unless the institution offers only a single degree program, in a single subject. Examples of specialized programs include law, engineering, business, and allied health.

In total, according to the CHEA’s 2003 Profile Fact Sheet (CHEA, 2003), 6,421 institutions and 18,713 programs are accredited. These institutions and programs are accredited by organizations that are recognized by either the U.S. Department of Education, the CHEA, or by undergoing a CHEA recognition review.

The U.S. Department of Education and the CHEA actively review the effectiveness and quality of accrediting organizations. The U.S. Department of Education, specifically, assures that federal student aid funds are purchasing quality courses and programs, while the CHEA certifies and strengthens academic quality and ongoing quality improvement in courses, programs, and degrees.

The result of the evolution of accreditation, coupled with today’s focus, has been an ever-increasing level of criticism from higher education administrators aimed at the accreditation system (Alstete, 2004). See Appendix A for Selective Historical Overview of Events in Education (Alstete, 2004; Altbach et al., 1999; Kaplin & Lee, 1995; Young et al., 1983).
Necessities and Challenges of Becoming Accredited

CHEA (2002) stated that there are complications and challenges facing the political relationship that exists between the traditional higher education community and the federal government. The relationship between these two constructs is built upon recognizing the importance of two common areas: the quality or integrity of the higher education program and the use of federal funds. According to Eaton (2003) and the U.S. Department of Education (n.d.), there is a set of academic values and quality criteria that must be adhered to in order to maintain this relationship and ensure academic integrity. The values considered integral to the history and tradition of higher education include autonomy of the institution, shared governance and collegiality, intellectual and academic authority of faculty members, degree status and attainment, the foundation of general education, site-based education, and inclusion of the community in which learning is offered and achieved.

Through evolution of the accreditation process, procedures have been developed by organizations in partnership with the U.S. Department of Education (n.d) for institutions and programs seeking accreditation. The U.S. Department of Education has provided the fundamental basic steps and issues that any program or institution must follow and address in order to be eligible for accreditation status, though meeting the following criteria does not necessarily ensure that accreditation will be granted by the association:

1. Standards: The accrediting agency, in collaboration with educational institutions, establishes standards.
2. Self-study: The institution or program seeking accreditation prepares an in-depth self-evaluation study that measures its performance against the standards established by the accrediting agency.

3. On-site Evaluation: A team selected by the accrediting agency visits the institution or program to determine first-hand if the applicant meets the established standards.

4. Publication: Upon being satisfied that the applicant meets its standards, the accrediting agency grants accreditation or pre-accreditation status and lists the institution or program in an official publication with other similarly accredited or pre-accredited institutions or programs.

5. Monitoring: The accrediting agency monitors each accredited institution or program throughout the period of accreditation granted to verify that it continues to meet the agency’s standards.

6. Reevaluation: The accrediting agency periodically reevaluates each institution or program that it lists to ascertain whether continuation of its accredited or pre-accredited status is warranted.

According to CHEA (2002) and the U.S. Department of Education (n.d), the organizations responsible for accreditation review the information provided by the previously listed steps and additionally go on to look at a minimum of nine specific areas of question of institutional and program activity in order to determine quality for the sake of granting the positive status. The areas of questions are:

1. The mission of the institution. Does it make sense to offer the program?
2. Organizational structure of the institution. Is it suitable to offer the proposed program?

3. Resources. Is there adequate financing, which may be maintained, in order to offer and support the program?

4. Curriculum and instruction. Has the appropriate curriculum been developed that would foster a positive experience?

5. Faculty support. Is the faculty trained and competent in the areas necessary to foster a successful program? Do they have the support of necessary resources, i.e., facilities and technology?

6. Student support. Does the institution or program offer support services, instructional material, and adequate technological resources to offer a positive experience?

7. Student learning outcome. Are there evaluations performed on a routine basis in order to determine the level of quality provided to students in order to allow for a high level of student achievement?

8. Standards. Has the program and institution successfully implemented the standards or guidelines which dictate their direction and focus. This is done for the purpose of quality control.

9. Credits. Are they transferable?

Effects, Benefits and Drawback of Accreditation

According to a report presented by Young (1979), historically “accreditation served essentially as a set of renewable membership standards for admission to a ‘private
"club' of likeminded institutions" (p. 134). In the past, institutions would be reviewed periodically by a group of colleagues from similar institutions to determine if the reviewed program or institution met minimum requirements; the aim was to use consistency among institutions and individual programs to build a growing professional field. Since then, accreditation has evolved as a response to competition and the need to provide for educational quality, institutional integrity, and professional development (Young, 1979).

Studies performed in relation to major accreditors concerning the impact these organizations have on educational institutions and programs are rare. One major accreditor that is well known among educational institutions and programs is the National Council of for Accreditation of Teacher Education (NCATE). In a study performed by Roth (1989), the author surveyed the positives and negatives of implementing changes sanctioned by the NCATE. Roth examined what changes 14 institutions had to make as a result of the implementation of the NCATE accreditation process and the perceptions of each institution's personnel of the changes made. The results from the Roth survey indicated that the most prominent positive effect of the transition to the NCATE was an increase in program cohesiveness and campus collaboration. The study also revealed that those evaluated felt that a negative of the accreditation process was that the preparation of the self-study and subsequent site visit was too long.

Smith (1990) examined the effect of changes that the NCATE had made within its organization between the years of 1984 to 1990. Positive changes that surfaced in the study involved several standards that allowed for qualitative judgments to be made, a new structure involving a new constitution and bylaws, and the inclusion of standards for
personnel in specialized areas, for the purpose of improving the quality of education.

Other notable NCATE changes included an increased level of professionalism of personnel involved in education, attention to the knowledge and content in educational programs and the qualifications and credentials of educators, a modification from individual programs to a unification of a professional educational unit, and the redirection of reviewing the responsibility of the education of students within individual departments to the overall university under review (Smith, 1990).

In a review of accreditation within nursing education, Strutz and Gilje (1990) found that administrators and faculty believed that going through the steps of the accreditation process required a vast amount of time to prepare the self-study, and that time and focus was taken away from educating students, performing research, further development of curriculum, and the performance of community service. Administrators voiced that they felt that the process to become accredited was viewed as a threat to the morale of their program’s faculty and that the price to become accredited was very costly.

So how do perceptions of the purpose of accreditation overall influence perceptions of the process of accreditation? Roth (1989) found that when programs or institutions perceived accreditation as a set of standards or an obligation placed on faculty and staff, the administration reported that they found resistance to and complications in the preparation for accreditation. On the other hand, when programs or institutions perceived accreditation as providing a way for ensuring and promoting academic excellence, a way to self-check and improve upon weaknesses, the pursuit and maintenance of accreditation were viewed as a positive step. Such programs and
institutions found accreditation very useful and a status symbol or validation in promoting a respected profession (Roth, 1989; U.S. Department of Education, n.d.).

The positive and negative perceptions of accreditation were also highlighted by Collins (1997) in a study on accreditation within the specialized area of nursing. Collins pointed out that the process of accreditation could be very time-consuming and that accrediting bodies should consider the amount of time and human capital that is invested for an institution or program to go through the process of accreditation. Collins also pointed out that many institutions or programs looked at the process of accreditation as episodic, work that is only performed at a certain time in order to prepare for or renew the status of accreditation. Instead, Collins pointed out the process of accreditation should be viewed as ongoing so as to promote continuous cooperation and communication among stakeholders. In addition, ongoing cooperation among all those involved with seeking and maintaining accreditation can assist in building an alliance among interest groups across the educational forum and consistently promote quality; upholding standards should be enduring and not met for the time-being. Collins recognized that the process of accreditation can produce stress and anxiety, but the position that accreditation takes is to promote consistency, increase higher than minimum expectations, and continuously lead to improvement within education.

Smith (1990), Eaton (2003), and the U.S. Department of Education (n.d.) support that the benefits accreditation could provide include identification of institutions and educational programs that meet identified academic values and quality through the review of accreditation standards. Smith stated that accreditation standards allow for institutions and programs to make qualitative judgments and interpretations that fit individual
institutions and programmatic needs, therefore providing for a level of autonomy. However, it should be noted that interpretation can go both ways; meeting the standards may be interpreted by accreditation organizations in a way that shows noncompliance on behalf of an institution or program.

Other identified constructive aspects of accreditation illustrate that accreditation can provide for program cohesiveness, collaboration, and unification among stakeholders, and increased levels of professionalism, qualifications, and credentials among personnel. Accreditation can promote consistency and develop high levels of expectations and outcomes in reference to the delivery of quality education (Collins, 1997; Mathies, 1993; Roth, 1989; Smith, 1990).

Alstete (2004) indicated that, although accreditation may provide for many positive benefits, it is also facing rising levels of criticism. In recent studies, the actual value of accreditation has been questioned (Braithwaite et al., 2006; Volkwein et al., 2006). Accreditation necessitates a tremendous amount of financial support, human capital, and time commitment, most notably indicated in the preparation of the self-study, ensuing site visit, and need for possible further work to demonstrate compliance in any areas noted as not complying with accreditation standards (Collins, 1997; Mathies, 1993; Roth, 1989; Strutz & Gilje, 1989). The time commitment that accreditation demands can lead to a loss of focus in course preparation and delivery, research, and performance of community service and, in the end, because requirements can vary depending on the accreditor, the accreditation standards may not address important issues dealing with the impact of teaching and learning, assessed via student outcomes (Johnson, Johnson, Farenga, & Ness, 2005; Strutz & Gilje, 1989; Volkwein et al., 2006). The negative points
presented may develop into a lot of stress and anxiety developing among those traversing through the accreditation process, which may then develop into less than enthusiastic attitudes by stakeholders (Collins, 1997; Mathies, 1993, Roth, 1989). Roth (1989) has indicated that an optimistic attitude is necessary in order for the accreditation process to provide for a positive outcome for the institution or program.

Overall, many studies have been performed to validate the necessity of accreditation and promote the concept that achieving the status of being accredited stands for being held at a high level of accountability and provides a better educational product. However, many more studies will need to be performed to look at the impact of accreditation, both in the effort of going through the accreditation process and the impact of what a transition of accrediting bodies or implementation of changes in accreditation standards will imply for an institution or program.

Background of Athletic Training Education

Athletic training is an occupation and field of study recognized by the American Medical Association (AMA) as an allied health profession. Athletic trainers, the practitioners of this field, according to the Commission on Accreditation of Allied Health Education Programs (CAAHEP) (2001), are allied health care professionals educated and experienced in the management of health care problems associated with sports and active participation.

The field of athletic training can trace its roots back to ancient Greece (Prentice, 2005). Following its evolution, the first recorded athletic trainer, James Robinson, was employed by Harvard University in 1881 (Ebel, 1999). The first efforts to start a
professional organization devoted to the field of athletic training began in 1938 (Ebel, 1999; NATA News, 2006, February); however, 1950 is officially recognized as the founding year for the present-day National Athletic Trainers' Association (NATA) (Ebel, 1999).

The NATA was founded as the professional organization that outlined both ethical and professional standards for the practicing athletic trainer (Prentice, 2005). The purpose of the organization is still the same in that the NATA continues to strive to purposefully promote the professional and ethical practices of the field (Ebel, 1999). In addition, the NATA is very instrumental in its vision to support relevant issues in healthcare and education, provide educational foundation and reform, work toward continuous quality improvement in its organization, and ultimately continue the fight for the field of athletic training to be a recognized and respected field of study in the allied health profession (Ebel, 1999; Peer, 2000).

According to Delforge and Behnke (1999), the first objective for the NATA was to further develop model educational curriculum for the professional preparation of entry-level athletic trainers. In 1948, two years prior to the official founding of the NATA, a curriculum-based model of athletic training began at Indiana University (Ebel, 1999). It was at Indiana University that an individual could follow a course of study leading to an undergraduate degree in athletic training.

Evolving from that first program, the NATA's goal of developing college-level curriculum in athletic training was accomplished in 1959 but was met by little enthusiasm (Ebel, 1999) (refer to Appendix B for the Hallmark Moments in the Evolution of Athletic Training: Education and Accreditation [Delforge & Behnke, 1999, p. 54; JRC-AT, 2005;
JRC-AT, n.d.). The next 10 years saw programs hesitant to react to and execute any changes to their already existing programs (Delforge & Behnke, 1999). During the spring of 1968, the NATA performed a survey of Chairs of Departments of Health, Physical Education, and Recreation that employed athletic trainers in order to determine the level of knowledge these administrators had regarding athletic training education programs (Brown, 2001; Delforge & Behnke, 1999; Foster, 1995). From the survey it was determined that the Department Chairs were inadequately informed about the NATA’s educational program. A recommendation was made to the subcommittee of the NATA Board of Directors to address this lack of information. In 1969, the NATA officially recognized the first undergraduate ATEPs under the recommendation of the newly formed NATA Professional Education Committee (NATA-PEC), thus the birth of curriculum evaluation and approval, or accreditation for athletic training education (Brown, 2001; Delforge & Behnke, 1999; Miller; Kauth, 1984).

In the 1970s, the growth of curricula recognized in colleges and universities was monumental, revisions had been made to the original athletic training curriculum, and recognition of athletic trainers as a profession was growing. In the year 1970 itself, the first national certifying examination was given to officially recognize individuals as certified athletic trainers (ATCs) (Delforge & Behnke, 1999). Consequently, there were now four ways in which an individual could work on their education and become eligible to sit for the certification exam: (a) graduate from an NATA approved ATEP, (b) graduate from an apprenticeship program, (c) graduate from a school of physical therapy, or (d) receive special consideration such as an individual being actively involved in
working alongside an athletic trainer for a minimum of five years (Delforge & Behnke, 1999).

Additionally, by the mid 1970s, curriculum revisions were made to the original 1959 curriculum plan and “one of the first comprehensive documents governing NATA approval of athletic training education programs” (Delforge & Behnke, 1999, p. 56) was developed and entitled Guidelines for Development and Implementation of NATA Approved Undergraduate Athletic Training Education Programs (Delforge & Behnke, 1999).

By 1982, undergraduate ATEPs existed in 33 states, growing from four recognized programs in 1969 to 62 by 1982 (Delforge & Behnke, 1999). During the 1980s, the NATA Board of Directors approved a resolution calling for all NATA-approved undergraduate ATEPs offering a curriculum in athletic training to officially offer the curriculum as a major. The original plan was that if an NATA-approved undergraduate ATEP did not meet the requirement outlined by the resolution, or was not in the process of meeting the requirement, recognition of the ATEP would be removed. Upon further review of the requirement, the NATA Board of Directors instead decided to revise the timetable and extend the original deadline to July 1, 1990 (Delforge & Behnke, 1999).

During the latter portion of the 1980s leading into the 1990s, work began that has been subsequently recognized as a milestone in the growth of the athletic training profession and educational curriculum (Delforge & Behnke, 1999). In 1987, Robert Behnke initiated an investigation that in the end resulted in a recommendation, put forth to the NATA Board of Directors, to pursue accreditation by the Committee on Allied
Health Education and Accreditation (CAHEA) (Delforge & Behnke, 1999). In 1988, the NATA Board of Directors authorized the recommendation (Delforge & Behnke, 1999). In 1990, the American Medical Association (AMA) officially recognized athletic training as an allied health profession. The decision to seek AMA recognition was made by the NATA Board of Directors, not only for the purpose of promoting the athletic training profession, but for the primary purpose of gaining recognition by the AMA CAHEA (Delforge & Behnke, 1999). According to the AMA policy, in order to obtain accreditation recognition by the CAHEA, a profession must be formally recognized as an allied health profession (Delforge & Behnke, 1999). According to Brown (2001), the CAHEA was supported by the AMA through the AMA’s partnership with national allied health professional organizations and medical specialty societies having interests in allied health education.

The decision to seek outside accreditation through an external source fell in line with the perceived rationale that it provides the benefit of being recognized as providing a standardized and highly regarded educational program (Delforge & Behnke, 1999). Delforge and Behnke (1999) also pointed out that, by obtaining CAHEA as the education program’s recognized accrediting body, the athletic training profession and its curriculum would be jointly recognized by the United States Department of Education.

According to Toonstra (2003), Ritenour (2002), and Delforge and Behnke (1999), the initial recognition by the AMA provided for the assemblage of the Joint Review Committee on Educational Programs in Athletic Training (JRC-AT). The JRC-AT was made up of Board of Certification (BOC), Certified Athletic Trainers (ATCs), physicians, an accreditation Board of Directors liaison, and a National Athletic Trainers’ Society
Initially the JRC-AT represented the allied health profession of athletic training under the accrediting body of the CAHEA and set about the task of developing its own governing standards and guidelines for the purpose of governing and reviewing the accreditation of entry-level ATEPs for the CAHEA (Delforge & Behnke, 1999). During the JRC-AT’s partnership with the CAHEA, the JRC-AT would perform the review of ATEPs’ self-studies and conduct the onsite visitation for those ATEPs going up for initial accreditation or ongoing accreditation review. From the review, the self-study, and outcome of the site visit, the JRC-AT would then put forth any recommendations regarding accreditation to the CAHEA (Brown, 2001).

In 1992, just two years after recognition by the AMA and establishment of the CAHEA as the recognized accrediting agency, the AMA recommended the establishment of “a new, free-standing agency for accreditation of education programs in the allied health profession” (Delforge & Behnke, 1999, p. 59). Due to the recommendation, the CAHEA was disbanded. In July of 1994, the Commission of Accreditation of Allied Health Education Programs (CAAHEP) was established with the AMA as a cosponsor rather than the primary sponsor (Delforge & Behnke, 1999). As was the case with the CAHEA, the U.S. Department of Education also recognized the CAAHEP as a specialized accrediting agency “for educational programs in the allied health professions” (Delforge & Behnke, 1999, p. 59). During the development of the CAAHEP, the NATA-Pec met and recognized that now that they had established a partnership with a public-sector external accreditor, they could disband their own approval process. The NATA-Pec terminated their approval process, effective June 1993, and disbanded altogether in June of 1998 (Brown, 2001; Delforge & Behnke, 1999).
In addition to the break-up of the NATA-PEC in 1998, the recognition of the CAAHEP by the U.S. Department of Education was voluntarily discontinued. The dissolution came about due to modifications in federal regulations and recognition by the private sector Commission on Higher Education Accreditation (CHEA) was established; the CHEA was founded after the disbandment of the Council on Postsecondary Accreditation in 1993, by university presidents (Delforge & Behnke, 1999).

Until July 1, 2006, the JRC-AT represented the allied health profession of athletic training under the accrediting body of the CAAHEP and was considered one of the 21 Committees on Accreditation (CoA) recognized by the CAAHEP (JRC-AT, n.d.). Until 2006, the JRC-AT was the official accreditation review committee for all entry-level athletic training education programs (JRC-AT, n.d.). In addition to the responsibility of providing review services, the JRC-AT also ensured that the 2001 CAAHEP Accreditation Standards and Guidelines as well as the NATA Competencies and Proficiencies, outlined for the health care of athletes and other active individuals, be implemented into entry-level CAAHEP accredited ATEPs (Craig, 2003; JRC-AT, 2004; NATA, 1999). Furthermore, the JRC-AT worked to develop educational programs and experiences involved with the preparation of students for the National Athletic Training Board of Certification Exam (BOC) (NATA, 1999).

Until July 1, 2006, all institutions seeking initial accreditation or accreditation renewal were first required to make application to the JRC-AT. Although accreditation of a program was ultimately provided by the CAAHEP, it was only through the recommendation put forward by the JRC-AT (Delforge & Behnke, 1999; nata.org, 2005, May). The JRC-AT’s relationship with the CAAHEP changed due to a decision made by
the JRC-AT to disconnect itself from the CAAHEP. The JRC-AT made the decision to move to self-accreditation effective July 1, 2006 under the newly established Commission on the Accreditation of Athletic Training Education (CAATE). The accreditation-member structure under the previous accrediting agency, the CAAHEP, included 14 noncertified athletic trainers (ATCs), 10 individual JRC-AT members, and 5 individuals that made up the JRC-AT Annual Report Committee. Since the transition to the newly recognized accrediting agency, the CAATE, the member structure is now comprised of 5 athletic trainer educators, 3 physicians, 1 ATC NATA Representative, 1 public member, and 1 university administrator. The Review Committee is now made up of 12 ATCs and the Annual Report Committee will retain its 5 ATCs (CAATE, 2006); please refer Appendices C and D to review the past CAAHEP and current CAATE accreditation-member structure (CAATE, 2006).

Although the JRC-AT was recognized by the CHEA through the affiliation it had with the CAAHEP, once CAATE has been totally autonomous from the CAAHEP for a minimum of one year, the commission will seek recognition from the CHEA (JRC-AT, 2005; P.-S. Turocy, personal communication, February, 13, 2006). As stated previously, the purpose of the CHEA is not to serve as the organization that accredits institutions or programs; instead it and the U.S. Department of Education are recognized as “the two federal/national bodies who serve as the ‘watch dogs’ over accreditors” (P.-S. Turocy, personal communication, February, 13, 2006).
Past and Present State of Accreditation in Athletic Training Education

Before midnight of December 31, 2003, there were only two acceptable routes to sit for the Board of Certification (BOC) exam and become a certified athletic trainer (ATC): curriculum and internship (Peer, 2004). As of January 1, 2004, the only acceptable route for becoming a BOC athletic trainer was to graduate from a CAAHEP accredited program (Peer, 2004). The reason for mandating only one acceptable route for certification was the lack of standardization between those students graduating from an internship-focused program and those enrolled in a strict curriculum format; there was a lack of credibility and consistency among incoming entry-level professionals (Peer, 2004).

As of January 1, 2004, all undergraduate ATEPs were required to make a decision. ATEPs that were undergraduate internship-based were required to either pursue the attainment of the CAAHEP accreditation or dissolve their ATEP altogether. Institutions that currently possessed CAAHEP accredited ATEPs would retain their status until the specified date when the ATEP would individually apply for re-accreditation.

The accreditation reform has now gone even further. The JRC-AT, an independent 501(c)(3) organization, became financially independent of the NATA as of April 2005, and effective July 1, 2006, withdrew itself from the CAAHEP as its associative accrediting body and made the move to align itself with a newly designated independent accrediting agency (JRC-AT, 2003, 2005). According to the February 4, 2005 update provided by the JRC-AT, the proposed name for the new independent accrediting agency for athletic training would be the Commission on the Accreditation of Athletic Training
Education (CAATE). In addition to the change, by 2007 the JRC-AT and CAATE made the move for independent recognition by the CHEA (CAATE, 2006; JRC-AT, 2005).

There are several reasons behind the choice of athletic training education to transition to self-accreditation. The most prominent involve the issues of improving the status and recognition of the athletic training profession (JRC-AT, 2005). In the JRC-AT’s Report to the NATA Board of Directors (April 3, 2003), the association asserted that the JRC-AT and the NATA had outgrown the CAAHEP. The case was presented that the CAAHEP was the primary accreditor of technical skill professions and other two-year programs; therefore, the JRC-AT felt that the forum of athletic training needed to move on and up in order to establish and affiliate itself with higher level professions in education (JRC-AT, April 3, 2003).

The decision to leave the CAAHEP also came about due to a new template, or “framework” and Accreditation Standards that the CAAHEP had initiated; “the anticipated changes in the CAAHEP Standards “template” (framework) will result in substantial changes in the Standards and Guidelines for Athletic Training Education Programs” (Koehneke, n.d.). According to Koehneke (n.d.), the JRC-AT, Program Directors, and instructors of athletic training curricula revolted when they viewed the new template of proposed CAAHEP Accreditation Standards. Koehneke went on to state that the revisions that the CAAHEP was initiating would have resulted in a loss of supervision of students as well as a decrease in protection of patient health care. In addition, Koehneke stated that a profession should direct its educational philosophies and objectives within a conceptual framework (Koehneke, n.d.). The framework that the CAAHEP was proposing did not align itself with the aforementioned directive of the JRC-AT in aligning with
higher-level professions in education or the overall direction of the athletic training profession. Therefore, the JRC-AT provided the CAAHEP with due process, as necessitated by the CHEA, and moved ahead with the reform to self-accreditation under the CAATE (Koehneke, n.d.).

The break from the CAAHEP brought about the establishment and publication of the new and revised 2005 CAATE Standards for Accreditation of Athletic Training Education Programs developed by the newly formed independent accrediting agency (JRC-AT, 2006). The CAATE Standards for Accreditation were made available to all ATEPs in June of 2005. For ATEPs seeking initial or continuing accreditation, the Standards for Accreditation were mandated to be implemented in time for the 2006-2007 site visits (CAATE, 2006). In addition, all ATEPs that were currently accredited needed to come into compliance with the 2005 CAATE Standards for Accreditation by July 1, 2006 (CAATE, 2006). According to a frequently asked questions and answers document, supplied by the JRC-AT (n.d.), the 2005 CAATE Standards for Accreditation “were” expected to change very little from the 2001 CAAHEP Accreditation Standards, but that has yet to be established by any currently accredited ATEPs.

Summary

According to Berdahl and McConnell (1999), accreditation is a course of action that institutions of higher education and specific programs of study must traverse for the purpose of being held accountable to accrediting supervisory boards that will ensure that the higher education institutions and programs meet set standards and guidelines. The
discussion of accreditation is important due to its relevance to accountability, consumerism, and the allocation of funding.

A fundamental consensus about accreditation is that it establishes structures to provide credibility and consistency for educational programs (CHEA, 2002; U.S. Department of Education, n.d.). The process of higher education accreditation in the United States involves an external review of the quality of educational programs offered in higher education institutions (CHEA, 2002). The process is conducted by nonprofit, private organizations for the purpose of ensuring overall quality and continued improvement in the programs provided by colleges and universities.

The choice of an undergraduate ATEP to pursue accreditation is fraught with issues. Questions in deciding whether to pursue accreditation center around: what steps must be taken, will the program become accredited, what resources will be involved, how much will it cost, how long will it take, will the ATEP have enough students to support it, will more faculty be required, will the administration support the program, and how will it affect the rest of the department or other areas of the college or university?

Past research has provided information pertaining to why accreditation is necessary in addition to the positives and negatives of accreditation; very few studies have focused on the transition process of an institution or of a program to a new accrediting body and the body’s associated accreditation standards and process. Additionally, few, if any, studies have been performed to evaluate the effort and resources that are required of an institution or program for such a transition. According to recent statistics provided by the CAATE, there are now over 341 undergraduate ATEPs. With the transition to the new accrediting body and satisfying the requirements of the 2005
CAATE Accreditation Standards and Process, it is imperative that institutions and programs obtain a true comprehension of the basis and effect of accreditation; these basic issues are extremely important when considering seeking or maintaining accreditation.

The purpose of this study was to utilize the WMU-ATEP as an illustrative case to examine the effort and resources required for an ATEP to make the transition from the requirements of the 2001 CAAHEP Accreditation Standards and Guidelines and Accreditation Process for Educational Programs in Athletic Training to satisfying the requirements of the 2005 CAATE Standards for the Accreditation of Entry-Level Athletic Training Education Programs and Comprehensive Review for Accreditation Process.

The new and revised areas of the 2005 CAATE Accreditation Standards and Process were categorized and evaluated according to the areas of structural, curricular, human, and financial they may have affected. The following paragraphs provide descriptions as to the elements that helped to categorize the four resource areas.

Bush (1995) described structure as being part of the “physical manifestations of the culture of the organization” (p. 136). Structure is a basic property of every system (Bush, 2003), going beyond examining the individuals to exploring the objectives that keep a program or organization together (Bolman & Deal, 2003). Structure encompasses areas including, but not limited to: “environment, workforce, technology, and past structural commitments” (Bolman & Deal, 2003, p. 72).

Curriculum in athletic training education can be defined as the appropriate instructional emphasis on specific subject matter areas and issues as reflected in and following the Standards and Guidelines in athletic training for providing clinical
experiences under the direct supervision of an approved clinical instructor in an acceptable setting (Cummings, 2004).

Human resources can be defined as individuals within an organization and how an organization deals with issues such as training, qualifications, and role fulfillment (Owens, 2004). Bolman and Deal (2003) described human resource as one that “centers on how characteristics of organizations and people shape what they do for one another” (p. 111).

Financial resources are associated with budgetary and economic issues. According to Bush (2003), financial resources, or the allocation of finances, is also seen as an area providing significant power and control over an organization and what that organization can do.

The WMU-ATEP was utilized as an illustrative case to demonstrate the effort and resources necessary to make the transition. The case study then evaluated if the changes necessitated by the transition to the requirements of the CAATE allowed for more flexibility, efficiency, promotion of professionalism, or collegial relationships. The findings from this study may provide for an enhanced understanding of the 2005 CAATE Accreditation Standards and Process and may serve to help ATEPs meet the challenges of the transition from the CAAHEP to the CAATE.
CHAPTER III

METHODOLOGY

This chapter describes the procedures followed in collecting and analyzing data for this study. The purpose of this case study was to utilize the WMU-ATEP, as an illustrative case, to examine the effort and resources required to make the transition from the requirements of the 2001 CAAHEP Accreditation Standards and Guidelines and Accreditation Process for Educational Programs in Athletic Training to satisfying the requirements of the 2005 CAATE Standards for the Accreditation of Entry-Level Athletic Training Education Programs and Comprehensive Review for Accreditation Process. The case study then evaluated if the requirements for satisfying the 2005 CAATE Accreditation Standards and Process offered more flexibility, efficiency, promotion of professionalism, or the development of collegial relationships. This chapter provides (a) an overview of the research design, (b) placement and role of the researcher, (c) case institution, (d) data collection methods, (e) techniques of data analysis, and (f) summary of overall purpose and methodology.

Research Design Overview

According to Mertens (2005) and Glesne and Peshkin (1992), qualitative research has the ability to provide varying ways in which to know or understand different constructs. As Creswell (1998) points out, a researcher must identify the purpose, intent, focus, or characteristics that need to be known or understood in order to identify the
method that should be utilized to perform a study. Other factors for consideration are the audience, the problem, what method will allow for additions to be made to the present literature, the background of the researcher, and the method that the researcher is most comfortable utilizing (Creswell, 1998, 2003).

The audience that this research and its results may be utilized by include institutions that are in the process of implementing the 2005 CAATE Accreditation Standards or others that are considering the prospect of applying for initial accreditation through the comprehensive accreditation review process (CAATE, 2006). By examining the resources and effort necessary for the WMU-ATEP to make the transition to fulfilling requirements of the 2005 CAATE Accreditation Standards and Process, the proposed research may, in part, provide a fundamental insight into what lies ahead for the athletic training profession and represented system of education.

The case study adopted an evaluative form of qualitative methodology to determine the effort and resources necessary to make the transition from complying with the previous accreditation requirements to new requirements. According to Merriam (1998), a qualitative method of evaluation was ideal for this case study because the method is inductive and unique; the use of a qualitative method allows for deep evaluation and thick description and provides “educational actors or decision makers (administrators, teachers, parents, pupils, etc.) with information that will help them to judge the merit and worth of policies, programmes [sic] or institutions” (Bassey, 1999, p. 28). Additionally, according to research performed at Colorado State University (CSU) (2004), a case study is “the collection and presentation of detailed information about a particular participant or small group, frequently including the accounts of subjects
themselves" (p. 2). Stake’s interpretation (as cited in Creswell, 2003) offered a similar explanation in that “the researcher explores in-depth a program, an event, an activity, a process, or one or more individuals” (p. 15). According to Geertz (1973), the choice of performing a case study allows for the researcher to gather and present a thick description of the knowledge and information held by an individual. In addition, Bassey (1999) stated that case studies have the ability to provide material that is descriptive and rich and allow the reader to use the information for his or her own interpretation and use.

Finally, in consideration of the researcher, my personal experience supported the selection of a qualitative design. As the researcher, my professional position as the Program Director and experience in completing accreditation under the 2001 CAAHEP Accreditation Standards and Process, coupled with my recent responsibility for making the transition to satisfying the requirements of the 2005 CAATE Accreditation Standards and Process, provided a basis for the study.

This case study, adopting qualitative methods, allowed me to perform an in-depth evaluation and examination of the effort and resources necessary to make the transition from the CAAHEP to the CAATE. I decided to utilize the WMU-ATEP as the single case for the qualitative study, because I felt it would “offer insight, enhance understanding, and provide a meaningful guide to action” (Strauss & Corbin, 1998, p. 12) in accordance to understanding accreditation in athletic training education. Case studies allow the researcher to (a) focus on “developing an in-depth analysis of a single case . . .” (Creswell, 1998, p. 65), (b) develop a way to portray complex issues to the audience, and (c) understand the issues being studied (Soy, 1997). Yin (1994) stated that the validation for choosing a single case rather than multiple cases to explore an area can be supported
when the researcher has access to specific descriptive information that may disclose revealing information to a larger audience. Additionally, “a case study is an exploration of a ‘bounded system’” (Creswell, 1998, p. 61). Such a system or case is described as being “bounded by time and place” (Creswell, 1998, p. 61).

This single evaluative case study utilized the ATEP situated on the main campus of Western Michigan University (WMU). Western Michigan University’s ATEP made for an ideal case study because it illustrated a true example or testimony of what occurred, on behalf of the ATEP, due to the change in the recognized accreditation body and the associated requirements of the transition. The status of initial accreditation for the WMU-ATEP was only recently granted under the CAAHEP in November of 2005 and the WMU-ATEP then had to make the transition to satisfying the requirements of the 2005 CAATE Accreditation Standards by the fall of 2006.

The incident of transitioning to the requirements of the newly recognized accreditor, the CAATE, represented a paradigm shift in how athletic training education is taught, presented, and further promoted within all ATEPs and the athletic training profession itself. The case study method adopted allowed for observations and information to be obtained in the WMU-ATEP’s natural environment; this is indicative of what a qualitative case study is (Creswell, 2003). As Runge (n.d.) stated, case study “research provides a holistic picture of the processes, actions, and events involved” (Chapter 2, ¶ 2). By performing the case study in the natural environment of the WMU-ATEP, the study presented the findings in what Bassey (1999) states as “‘strong in reality’” (p. 23).
Although the case may be viewed as a critical instance with “the purpose of examining a situation of unique interest” (Colorado State University, 2004, ¶ 3) and usually not seen as a method used for generalizability, this case study research does in fact possess the ability to be generalizable in that it will offer insight to other ATEPs; the findings are of interest and will offer “transferability or generalizability to other settings” (Colorado State University, 2004, ¶ 3). Bassey (1999) supported the potential of generalizability by stating that case studies allow for generalizations and that the choice of a case study, in qualitative research, allows for “a step to action. Case studies begin in a world of action and contribute to it” (p. 23). Bassey went on to present that the information gathered in research can then be open for generalized interpretation by the reader, used for insight into an issue, or be “directly interpreted and put to use” (p. 23).

The chosen form of qualitative methodology for this case study may offer the possible benefit of understanding accreditation within the field of athletic training education. As Creswell (1998) pointed out, the results gained from this case may lead to dialogue among all constituents in order to come to an understanding in relation to difficult issues raised from the transition of accrediting bodies, associated standards, and processes. A vast amount of material is available regarding accreditation: the categories, purposes, providing agencies, and necessity. What is not necessarily known or easily interpreted are the resources and effort it takes for educational programs to satisfy all the requirements of accreditation. The necessity for athletic training education programs to understand the effort and resources involved with satisfying all accreditation guidelines is essential as the newly recognized accrediting body, the CAATE, seeks affirmation and acceptance by constituents.
The methods of evaluation in the case study utilized a content analysis of CAAHEP and CAATE accreditation documents, pre-existing WMU accreditation documents, CAAHEP and CAATE website resources, course syllabi, and field notes taken via communication with Health, Physical Education and Recreation (HPER) Department faculty and staff, WMU administration, and WMU-ATEP Approved Clinical Instructors (ACIs). Data sources and collection will be discussed in further detail in the data collection methods section.

Placement and Role of the Researcher

Locke, Spirduso, and Silverman (2000) provided guidelines for individuals who choose a qualitative approach to research. According to these authors, experienced qualitative researchers need to set aside their biases and see what emerges from the data. Furthermore, Thomas and Nelson (1996) address the issue that a knowledgeable qualitative researcher does not manipulate the data in order to “fit” some preconceived hypotheses via statistical analysis. Instead, the researcher gains more through the process of the study by being immersed in the subject and gaining and/or viewing the complete picture of reality from his or her own and other individuals’ eyes and perspectives.

Denzin and Lincoln (1994) stated that, in qualitative research, the role of the researcher is also one of a teacher. In performing a study, the researcher presents or teaches what has been learned to the reading audience (Denzin & Lincoln, 1994). As the researcher, Program Director (PD), and educator within the case study ATEP, I support the selection of a qualitative design that allows me to present to and educate the audience on what the transition from the accrediting bodies, the CAAHEP to the CAATE, may
mean in regards to effort, resources, and the education forum of athletic training. My professional position and experience in completing accreditation under the old CAAHEP system, along with my immediate responsibility for making the transition to the new CAATE accrediting standards and process, has provided depth and a foundation for the case study.

Because I hold the unique position of being the PD and researcher, I had the ability to view the changes that influenced and affected the ATEP utilized for the case study: in the fullest sense of the description, I, as the researcher, was a participant-observer. The status of initial accreditation for the WMU-ATEP was only recently granted under the CAAHEP in November of 2005. In the fall of 2006, I then performed all of the duties to take the WMU-ATEP through the transition of satisfying the requirements of the 2005 CAATE Accreditation Standards. Because the WMU-ATEP had to make the transition, I was able to draw from my recent experience, thus providing for an understanding of the transition’s effect.

As is the common case with qualitative research, I, as the researcher, was the primary instrument for data collection (Creswell, 2003). Due to the nature of this research, I recorded and analyzed all the data. In recognition of my dual role, I realized that I needed to be aware of clearly identifying and distinguishing when I was performing the role of the researcher and when I was viewing things from the role as the PD.

The research was conducted at a time when I, the researcher, had been employed as the Undergraduate ATEP Director for WMU since the fall of 2004 and had the responsibility of successfully taking the WMU-ATEP through the final steps of its initial CAAHEP accreditation. Prior to this experience, I served as the Clinical Coordinator for
the same ATEP. Before assuming these two positions, I was an assistant professor, athletic trainer, and On-site Clinical Coordinator for Barton College in Wilson, North Carolina. During my two years with Barton College, I also assisted in their ATEP’s successful application for initial CAAHEP accreditation.

The research is relevant to my present and continued position in addition to my future in the athletic training profession. I clearly realize that it is entirely natural for me to have formed my own positive and negative personal attitudes and beliefs in reference to accreditation. In recognition of the possibility of the influence of my own personal bias, I realized that I needed to be attentive to any personal feelings that may have arisen and felt that I successfully controlled the desire to influence the analysis.

In support of my professional position as a certified athletic trainer, educator, and the WMU-ATEP Director, I found that my perspective allowed me to conduct a case study that utilized my background and strengthened my ability as a researcher. As a result of my professional experience, I was privy to many different facets of athletic training and accreditation. These two areas served the purpose of providing a frame of reference, and with awareness of any bias I may hold and utilizing athletic training colleagues that are experts in this area, I was able to support my analysis and findings.

Institution

The ATEP utilized for the case study is situated on the main campus of Western Michigan University. The WMU-ATEP is housed within the College of Education (COE) and within the Department of Health, Physical Education and Recreation (HPER). There is one Dean in the COE that oversees the HPER Department and one HPER Department
Chair. The HPER Department also employs two staff members that assist with the functions of the ATEP and HPER Department as a whole. The WMU-ATEP is comprised of two full-time faculty members, the ATEP Director, and a Clinical Coordinator. Additionally, there are 18 other faculty members that teach one or more of the ATEP curriculum’s designated courses. The WMU-ATEP also utilizes 14 staff-certified athletic trainers that have been trained as Approved Clinical Instructors (ACIs).

Data Collection Methods

Marshall and Rossman (1989), Yin (1994), and Thomas and Nelson (1996) stated that case studies have the ability to be more persuasive and accurate if they present or are backed up by information collected from various sources that will support the findings; this is called triangulation. Triangulation is used “as a way of guarding against researcher bias” (Taylor & Bogdan, 1984, p. 68) and has the ability to test the strength of the researcher’s interpretation of the gathered data. “It is a means used to establish validity and reliability in qualitative research” (Thomas & Nelson, 1996, p. 376). Taylor and Bogdan (1984) went on to state that the use or combination of several data collection methods in a single study can also bring to light different views for the researcher that he or she may have missed if only one method has been used.

The primary source of data was produced through a content analysis comparing the previous 2001 CAAHEP Accreditation Standards to the 2005 CAATE Accreditation Standards. This analysis utilized not only the two sets of standards, but also a matrix produced by JRC-AT entitled the Comparison of 2005 and 2001 Standards. The matrix
produced by the JRC-AT presented basic information on how the two sets of Accreditation Standards were aligned or differed.

The matrix produced by the JRC-AT presented three vertical columns. The first column presented all the 2005 CAATE Accreditation Standards. The second column denoted if any of the 2005 CAATE Accreditation Standards may have been a previous 2001 CAAHEP Accreditation Standard or linked to requirements provided in a previous CAAHEP Standard or the accompanying CAAHEP Interpretation Manual. The third column exhibited how each 2005 CAATE Accreditation Standard may have been different (i.e. new, more clearly defined, or previously found within the interpretation of the former 2001 CAAHEP Accreditation Standard). I added two more columns—one to depict what resource(s) the 2005 CAATE Accreditation Standard was evaluated under and the second to present results from my evaluation of whether the 2005 CAATE Accreditation Standard provided more flexibility or efficiency, promoted a higher level of professionalism, or promoted collegial relationships (see Appendix E to review the JRC-AT edited matrix).

Additional data sources came from the existing WMU-ATEP and accrediting body documents and policies. Many of the existing documents were generated from the WMU-ATEP’s initial accreditation through the CAAHEP and supplemented by new documents generated by the JRC-AT and the CAATE as required as part of the CAATE accreditation process template.

The documents include the complete CAAHEP application and self-study packet instructions, the CAATE application and self-study packet, 2001 CAAHEP Standards and Guidelines, CAAHEP Interpretation Manual, submitted 2004 Western Michigan
In addition to the provided data points, I designed an additional matrix. The self-designed matrix was used to organize and perform notation of the comparison and analysis of old and new program documents, specifically the comparative evaluation of the previous 2001 CAAHEP Accreditation Standards versus the new or revised 2005 CAATE Accreditation Standards.

The matrix was designed with seven vertical columns. The first column exhibited the 2005 CAATE Accreditation Standard Sections, Sub-sections, Standards, Sub-standards, and Sub-section Standards that were being evaluated; the matrix yielded data only pertaining to the 2005 CAATE Accreditation Standards that had been identified as new or revised. The second column presented the exact requirements of the 2005 CAATE Accreditation Standards, Sub-standards, and Sub-section Standards that were individually being evaluated. The third column provided if any of the evaluated 2005 CAATE Accreditation Standards, Sub-standards, or Sub-section Standards were a previous 2001 CAAHEP Accreditation Standard. The fourth column provided the reason the JRC-AT gave as to why any of the 2005 CAATE Accreditation Standards, Sub-standards, or Sub-
section Standards may have been changed, revised, or if any had been found within the interpretation section of a previous CAAHEP Standard. The fifth column depicted the resource the individual 2005 CAATE Accreditation Standards, Sub-standards, or Sub-section Standards was evaluated under (i.e., structural, curriculum, human, or financial). The sixth column provided a space for fieldnotes relevant to descriptive information pertaining to what resources or steps were necessary to guide the WMU-ATEP through the transition to satisfy the specific requirements of the evaluated Standard, Sub-standard, or Sub-section Standard. The seventh and last column provided room for additional “brainstorming” fieldnotes to be transcribed. The last column was created to make notations for the purpose of formulating, and later identifying, emergent themes linked to the proposed research questions regarding evaluation of resources and what the WMU-ATEP did to satisfy the 2005 CAATE Accreditation Standards (see Appendix F to review the matrix).

Data Analysis Techniques

Once data were collected, the process of analysis began. According to Creswell (2003), six steps should be taken to make the analysis productive. First, organize and prepare the data; second, read through all of the collected data; third, begin recognizing emergent themes. The recognition of emergent themes should then be used to take the fourth step into generating a description or identity, or both, of the case and its attributes. Fifth, decide how the description and themes will be represented in the narrative, and, lastly, make an interpretation or meaning of the data.
Although analysis of the data can be a very time-consuming, it should also be viewed by the researcher as a challenge that, when immersing oneself in it, can be very rewarding with the emerging analysis. Merriam (1998) and Berg (2004) advised that the researcher must get to know the data thoroughly in order to find and allow for patterns and themes to arise naturally.

Under evaluative review were 122 of the 2005 CAATE Accreditation Standard Sections, Sub-sections, Standards, Sub-standards, and Sub-section Standards that were identified as new or revised in comparison to the previous 2001 CAAHEP Accreditation Standards. The case study did not evaluate 137 of the 2005 CAATE Accreditation Standard Sections, Sub-sections, Standards, Sub-standards, and Sub-section Standards, because there were no changes noted in the requirements in comparison to the 2001 CAAHEP Accreditation Standards; the 2005 CAATE Accreditation Standards adopted the same guidelines.

As the researcher, the first step I took was to gather and review the 2001 CAAHEP Accreditation Standards and the 2005 CAATE Accreditation Standards along with both sets of associated CAAHEP and CAATE templates for the Accreditation Process. I then took the JRC-AT designed matrix, edited it, and added the two other columns pertaining to evaluated resources and results related to flexibility, efficiency, promotion of a higher level of professionalism, or promotion of collegial relationships. I then created the second matrix that would allow me to organize the accreditation documents and transpose the collected fieldnotes, perform data analysis, and begin to formulate the findings.
In using the JRC-AT edited matrix, I first eliminated those standards the JRC-AT had identified as having no change as compared to their previous CAAHEP equivalent; these were not evaluated for the purpose of the case study. With the remaining 2005 CAATE Accreditation Standards that were identified as new or revised, I started the analysis process by determining what resource area (i.e. structural, curricular, human, or financial) the evaluated 2005 CAATE Accreditation Standards would fall under. I then began the in-depth process of determining the conditions, requirements, and differences between the 2005 CAATE Accreditation Standards that were linked to any of the previous 2001 CAAHEP Accreditation Standards and then moved on to evaluate the conditions and requirements of the 2005 CAATE Accreditation Standards that were identified as new.

In order to perform the content analysis of what the WMU-ATEP did, in terms of effort and resources, to satisfy the requirements of the 2005 CAATE Accreditation Standards, I reviewed a large amount of documentation in order to retrieve the necessary information. With any of the 2005 CAATE Accreditation Standards that the JRC-AT matrix had identified as being part of any of the previous 2001 CAAHEP Accreditation Standards, I read through the requirements of each set of standards, utilized the necessary documents including the CAAHEP self-study packet instructions, CAATE self-study packet, CAAHEP Interpretation Manual, 2004 Western Michigan University Athletic Training Professional Program Self-Study, Narrative and Rejoinders, 2005-2006 WMU-ATEP Annual Report and Audit, Western Michigan University Athletic Training Professional Program Student Policies and Procedures Manual, 2005 CAATE Accreditation Standards, Athletic Training Educational Competencies, WMU-ATEP
curriculum syllabi, JRC-AT Updates and documents provided on the websites http://www.jrc-at.org/ and http://caate.net/, in order to produce my finding of what the WMU-ATEP did or how they satisfied each of the evaluated 2005 CAATE Accreditation Standards. Ongoing through the evaluation, I placed notes in the matrix that I had created and later used in writing Chapter IV.

I then reviewed the 2005 CAATE Accreditation Standards identified as new. During this step of the evaluation, I used many of the same documents previously listed to evaluate how the WMU-ATEP satisfied or became compliant with the identified standards. I continued to place fieldnotes in the matrix that I had created for later use in completing the finding for Chapter IV.

Lastly, I reviewed the process that both the CAAHEP and the CAATE required for ATEPs applying for initial and ongoing accreditation. The Accreditation Process evaluation involved a content analysis comparing the CAAHEP Accreditation Process for Educational Programs in Athletic Training to the CAATE Comprehensive Review for Accreditation Process. Long-hand notes taken according to revisions or additions, in comparison of the two processes, were recorded directly on the two sets of process documents and then transcribed into Chapter IV. The WMU-ATEP went through the accreditation process in 2005 and is not scheduled for re-accreditation until 2010. At this current time, the WMU-ATEP does not have to change or take steps to meet any of the revised or new CAATE Accreditation Process requirements.

Upon completion of the content analysis of the aforementioned accreditation materials, there were instances in which I was unsure as to how the WMU-ATEP met the requirements of identified revised or new 2005 CAATE Accreditation Standards. In order
to obtain the necessary information, a secondary source of data was derived through
discussion and interpersonal communication with (a) staff and affiliated site Approved
Clinical Instructors (ACIs), (b) WMU-ATEP curriculum faculty and staff, and (c)
University, College and Department administrators, including the HPER Department
Chair, Dean of the College of Education, and the University Registrar. The data gathered
from communication with personnel were collected through the use of (a) email
exchanges, (b) phone calls, (c) discussion during regularly scheduled faculty office hours
meetings, and (d) ongoing staff and faculty meetings. Fieldnotes taken during the office
hour, faculty and staff meeting discussions, and interpersonal communication relevant to
the new or revised 2005 CAATE Accreditation Standards, were collected and then
transposed at a later date onto the matrix that I devised.

Communication was encouraged through open-ended discussions comparing
specified content areas of the prior 2001 CAAHEP Accreditation Standards with the
revised 2005 CAATE Accreditation Standards, and the new CAATE Standards that were
determined as having an effect on the WMU-ATEP. The purpose of the discussion was to
find requirement-related answers and to distinguish the perception that each member had
in relation to what effect the identified revision, addition, or deletion of a certain area in
the accreditation process or 2005 CAATE Accreditation Standard may or may not have
had on the overall WMU-ATEP. It should be noted that the discussion was an open
discussion dialogue format and not an interview process. Because the University’s
Human Subjects Institutional Review Board (HSIRB) determined the study to be a
program exploration “gathering data about programs and not about individuals” (HSIRB,
2006), approval by this Board was not required.
The last step was to utilize the second column that I had created on the JRC-AT matrix and place the study’s findings related to flexibility, efficiency, promotion of professionalism, or collegial relationships. I then interconnected the emerging information to allow for the development of evolving patterns, similarities, and overall theme or “story’ that connected the categories” (Creswell, 1998, p. 150).

The final step of analysis was not performed by me. In order to verify that my findings and conclusions were an accurate representation, I had my findings reviewed by an athletic training colleague, Gayle Thompson. The review by Gayle Thompson, a certified athletic trainer and accreditation site visitor, provided for “an external check of the research process” (Creswell, 1998, p. 202).

Summary

In summary, this chapter served to explain the methods that were utilized to complete the study. The choice of research design and techniques for analysis were made to address the identified problem, to answer the questions that I posed, to reach the intended audience, to allow for additions to be made to the present literature, and to allow me to utilize the background and use the method with which I was most comfortable (Creswell, 1998, 2003).

The overall methodology of the study influences all aspects of the research (Ragin, 1994). This research utilized a case study format that adopted an evaluative form of qualitative methodology. The case study was designed with the aforementioned concepts in mind for the purpose of performing a content analysis to present a rich, thick description and understanding of the structural, curricular, human, and financial resources
necessary for an ATEP in making the transition from meeting the previous requirements of the 2001 CAAHEP Accreditation Standards and Process to satisfying the current requirements of the 2005 CAATE Accreditation Standards and Process and if the current requirements allowed for more flexibility, efficiency, promotion of professionalism, or collegial relationships.
CHAPTER IV

RESULTS

This chapter reports the results of a qualitative case study of Western Michigan University’s Athletic Training Education Program (WMU-ATEP). I adopted procedures of evaluation to assess the effort and resources necessary in meeting the requirements of the Commission on Accreditation of Athletic Training Education (CAATE) Undergraduate Athletic Training Education Program accreditation process and the new or interpretive changes of the 2005 CAATE Accreditation Standards in comparison to the previous 2001 CAAHEP Accreditation Standards. Specifically, the study of the ATEP was guided by using techniques of evaluation to identify necessary structural, curricular, human, and financial resources required to support a fully accredited and compliant ATEP and then to identify what steps the WMU-ATEP needed to perform in order to satisfy the requirements of the evaluated 2005 CAATE Accreditation Standards. Below, Table 1 provides the general definitions of the four areas evaluated and an outline of the CAATE Sections, Sub-sections, Standards, and Sub-standards evaluated and categorized per resource.

From the results of the resources evaluated, a discussion was established to consider if in fact the findings support the claims by the CAATE and the Joint Review Committee on Athletic Training Education (JRC-AT) that the new Accreditation Standards and Process would be more flexible and efficient, as well as promote a high level of professionalism and collegial relationships.
### Table 1

**Overall Sections and Underlying CAATE Standards Evaluated**

<table>
<thead>
<tr>
<th>Resources Evaluated</th>
<th>Structural</th>
<th>Curricular</th>
<th>Human</th>
<th>Financial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitions</td>
<td>–“Physical manifestations of the culture of the organization” (Bush, 1995, p. 136). –A basic property of every system, going beyond examining the individuals to exploring the objectives that keep a program or organization together (Bush, 2003); Bolman &amp; Deal, 2003). –Structure encompasses areas including, but not limited to: “environment, workforce, technology, and past structural commitments” (Bolman &amp; Deal, 2003, p. 72).</td>
<td>The appropriate instructional emphasis on specific subject matter areas and issues as reflected in and following the <em>Standards and Guidelines</em> in athletic training for providing clinical experiences under the direct supervision of an approved clinical instructor in an acceptable setting (Cummings, 2004).</td>
<td>Individuals within an organization and how an organization deals with issues such as training, qualifications and role fulfillment (Owens, 2004). Bolman and Deal (2003) describes human resource as one that “…centers on how characteristics of organizations and people shape what they do for one another” (p. 111).</td>
<td>Associated with budgetary and economic issues. According to Bush (2003), financial resources, or the allocation of finances is also seen as an area providing significant power and control over and organization and what that organization can do.</td>
</tr>
</tbody>
</table>

**Standards Evaluated:**

**Sections:**

- **Sub-sections**

- **Standards**

- **Sub-standards**

- **Sub-section Standards**
Table 1—Continued

<table>
<thead>
<tr>
<th>Section A: Sponsorship (Program Sponsorship and Affiliated Sites)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underlying Standards:</td>
</tr>
<tr>
<td>A1</td>
</tr>
<tr>
<td>A2</td>
</tr>
<tr>
<td>A3</td>
</tr>
<tr>
<td>A4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B: Personnel (Personnel Needs, Responsibilities and Qualifications)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1. Program Director</td>
</tr>
<tr>
<td>B1.1 Requirements of the Position</td>
</tr>
<tr>
<td>B1.2 Responsibilities of the Position</td>
</tr>
<tr>
<td>B1.3 Qualifications</td>
</tr>
<tr>
<td>B2. Faculty and Instructional Staff</td>
</tr>
<tr>
<td>B2.1 Qualifications</td>
</tr>
<tr>
<td>B2.2 Number</td>
</tr>
<tr>
<td>B3. Clinical Faculty and Staff</td>
</tr>
<tr>
<td>B3.1 Clinical Instructor Educator (CIE)</td>
</tr>
<tr>
<td>B3.2 Approved Clinical Instructor (ACI) Qualifications</td>
</tr>
<tr>
<td>B3.3 Approved Clinical Instructor (ACI) Responsibilities</td>
</tr>
<tr>
<td>B3.4 Clinical Instructor (CI) Qualifications</td>
</tr>
<tr>
<td>B3.5 Clinical Instructor (CI) Responsibilities</td>
</tr>
<tr>
<td>B3.6 Medical and Other Health Care Personnel</td>
</tr>
<tr>
<td>B4. ATEP Medical Director</td>
</tr>
<tr>
<td>B5. Administrative and Support Staff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section C: Resources (Program Financial Support)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1. Financial Resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section D: Physical Resources (Facility Needs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1. Facilities</td>
</tr>
<tr>
<td>D2. Learning and Instructional Resources</td>
</tr>
<tr>
<td>D3. Therapeutic Modalities and Rehabilitation Resources</td>
</tr>
<tr>
<td>D4. First Aid and Emergency Care Equipment</td>
</tr>
<tr>
<td>D5. Library and other Information Sources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section E: Operational Policies and Fair Practices (Program Policies and Procedures)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1. Program Admission and Advertisements</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section F: Health and Safety (Program Issues of Health and Safety)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Section G: Student Records (Student Academic and Personal Information)</th>
</tr>
</thead>
</table>
Part of qualitative research involves the researcher getting to know the data in detail in order to find and allow for patterns and themes to emerge naturally (Berg, 2004; Merriam, 1998). For the purpose of this study, after reviewing all the JRC-AT and CAATE documents providing considerations and reasons for the transition from the CAAHEP to the CAATE, the themes that emerged from the rationale were related to efficiency, flexibility, professionalism, and collegial relationships. The definitions for these four constructs became more distinct after reviewing the 2005 CAATE Accreditation Standards and Process. So for the purpose of this study, the following operational definitions were used.

**Efficiency:** The ability of the 2005 CAATE Accreditation Standards and Process to provide clear and concise direction in order for an ATEP to perform delineated tasks; removing unnecessary steps, operations, and procedures; no further explanation or direction necessary to perform tasks or submit requested information required by the 2005 CAATE Accreditation Standards and Process.

**Flexibility:** The assessed amount of autonomy available to the ATEP in order to perform tasks or make choices; evaluated ability or level by which an ATEP may use experimentation in performing structural, curricular, human, or financial related tasks.
Professionalism: 1. Professional practice encouraged through satisfying the 2005 CAATE Accreditation Standards in relation to the use of skills and equipment; ATEP curricular based competent and proficient skill attainment evaluated in relation to requirement of the athletic training profession. 2. The 2005 CAATE Accreditation Standards delineating standards that require exposure to professionals within the athletic training profession resulting in the development of students attaining a professional disposition; ATEP student exposure to professional role-models as part of the ATEP structure, curriculum, and human resources utilized.

Collegial Relationships: The use of communication among ATEP stakeholders in order to produce further insight, the development of ideas, ensuring individuals are on the same page and providing circumstances for others to assist with issues involving the ATEP.

Structural Resources Evaluated

For the purpose of this qualitative case study, structural resources considered in the evaluation process were identified from the Sections of the 2005 CAATE Standards and Sub-standards outlining the requirements in the areas of sponsorship; program director requirements and responsibilities; approved clinical instructor (ACI) and clinical instructor (CI) training and responsibilities; communication practices with the Program Director in addition to understanding and compliance with the ATEP’s policies and procedures; physical facilities; instructional equipment (modality, rehabilitation, first aid and emergency equipment); program admission and advertisement; health and safety;
student records; outcomes; structural areas of curriculum and instruction and clinical education.

*Structural Issues of Program Sponsorship and Affiliated Sites Needs (Section A: Sponsorship)*

The first area of the CAATE Standards evaluated under structure was Section A: Sponsorship, specifically Standard A3 that provides the constructs for affiliations. Table 2 provides the requirements for affiliation agreements under the CAATE Standard A3.

**Table 2**

*Structural-related Standards Evaluated Under the CAATE Standard A3 (CAATE, 2005)*

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A3.1: Responsible for administration</td>
<td>New – better defined</td>
<td>Structural</td>
</tr>
<tr>
<td>A3.2: Responsibility for instruction</td>
<td>New – better defined</td>
<td>Structural and Human</td>
</tr>
<tr>
<td>A3.3: Responsibility for supervision</td>
<td>New – better defined</td>
<td>Structural and Human</td>
</tr>
<tr>
<td>A3.4: Other functions</td>
<td>New – better defined</td>
<td>Structural and Human</td>
</tr>
</tbody>
</table>

The CAATE Sub-standards A3.1 through A3.4, under Standard A3 are presented as new in providing a definition of what is required by institutions in regards to sponsorship. The requirements presented in the Sub-standards A3.1 through A3.4 were not previously included in the CAAHEP accreditation requirements. The new Sub-standards A3.1 through A3.4, under the CAATE Standard A3, mandate that the
sponsoring institution, Western Michigan University (WMU), ensure that a current written formal affiliation agreement(s) or memorandum(s) of understanding be developed and endorsed by appropriate administrative personnel from all institutions (CAATE, 2005). The affiliation agreement must delineate responsibilities for areas involving affiliate program administration, responsibility for instruction occurring at the affiliated site, supervision of students at the affiliated site, and any other functions as deemed appropriate by the sponsoring institution or the affiliate institution (CAATE, 2005).

The WMU-ATEP already required a written affiliation agreement with the two other sites identified as affiliate sites. Within this affiliation agreement, the requirements mandated by the CAATE Standard A3 and Sub-standards A3.1 through A3.4 were clearly identified. The requirements for Sub-standards A3.1 through A3.4 affirm what the WMU-ATEP already practices and therefore no change for fulfillment of the new requirements is necessary.

The previous requirements for affiliation contracts were found under the former CAAHEP Standards IA1 and IA2. The interpretation of the CAAHEP Standards previously provided basic guidelines for what ATEPs should include in the contract. With the revision and implementation of the CAATE Standard A3 and Sub-standards A3.1 through A3.4, the requirements are now clearly defined, thus allowing the ATEP to evaluate if the program is meeting the Standards. The implementation of the CAATE Standard A3 and Sub-standards A3.1 through A3.4 is more efficient because there is no interpretation necessary; the ATEP either includes the requirements or it does not.
In Section B: Personnel, Sub-section B1: Program Director, the CAATE identifies two Sub-standards B1.13 and B1.14 under Standard B1.1: Requirements of the Position, that were previously found within the interpretation section of the CAAHEP Standard IB1a (1)(a). Table 3 provides the requirements for the Sub-standards evaluated under the CAATE Standard B1.1.

Table 3

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1.13: Supervisory authority</td>
<td>Interpretation</td>
<td>Structural</td>
</tr>
<tr>
<td>B1.14: Release time</td>
<td>Interpretation</td>
<td>Structural</td>
</tr>
</tbody>
</table>

The previous CAAHEP Standard IB1a (1)(a) has been split into two Sub-standards and the requirements are now presented in B1.13 and B1.14. The CAATE Sub-standard B1.13 calls for the Program Director to have program administration and supervision responsibilities recognized as an assignment within the designated department and that the responsibilities are consistent with other assignments that are similar at the institution (CAATE, 2005). The CAATE Sub-standard B1.14 necessitates that the Program Director receive a specified amount of release time assigned that meets the requirements or demands of the responsibilities assigned. Additionally, the release
time must be consistent with similar assignments at the institution. The previous single CAAHEP Standard IB1a (1)(a) advised that the Program Director be provided with 25% release time given for administrative and supervisory duties. Under the revised CAATE Sub-standards B1.13 and B1.14, the department and institution is now given autonomy to make the decision of how much release time is provided to the Program Director for accomplishing the designated duties but must justify the assignment by being consistent with other institutional programs and individuals holding comparable positions. Within the current Program Director’s Job Description, 25% of the position or 3 credits of their overall 12 credits per semester is allocated to perform administrative duties designated as those of a Program Director; this is also consistent with other such positions in other academic departments at WMU. Due to the assigned hours, the ATEP is considered to be compliant with the CAATE Sub-standards B1.13 and B1.14.

The findings of the evaluation of the CAATE Sub-section Standards B1.13 and B1.14 reveal that the requirements of the Sub-standards were previously found within the interpretation of the CAAHEP Standard IB1a(1)(a), which dealt with Program Director Responsibilities. By the CAATE choosing to clearly define the requirements of the Program Director in the two Sub-standards, the CAATE has taken out the possibility of misinterpretation and provided for a more efficient means of defining the roles and responsibilities of an ATEP’s Director.

Standard B1.2: Responsibilities of the Position under Sub-section B1: Program Director, provides the requirements for the new CAATE Sub-standards B1.23 and B1.24. Table 4 provides a synopsis of the CAATE Sub-standards B1.23 and B1.24.
Table 4

**Structural-related Standards Evaluated Under the CAATE Sub-section B1 and Standard B1.2 (CAATE, 2005)**

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1.23: Budget input</td>
<td>New</td>
<td>Financial and Structural</td>
</tr>
<tr>
<td>B1.24: Equal education opportunity</td>
<td>New</td>
<td>Structural and Curricular</td>
</tr>
</tbody>
</table>

For the purpose of the evaluation under Structural resources, only Sub-standard B1.24 will be reviewed. Sub-standard B1.23 will be evaluated later under Financial Resources.

Sub-standard B1.24 states that there is “equitable distribution of educational opportunities at all clinical and classroom sites. This responsibility may be shared with a faculty member designated as a clinical coordinator; however, the Program Director has ultimate responsibility” (CAATE, 2005). The WMU-ATEP can be evaluated as being compliant with the new Sub-standard under both structural and curricular resources due to the Program Director assigning specific course objectives, specifically designated as competencies and proficiencies in all ATEP curriculum courses and providing the provision that all ATEP students have the ability to practice skills, learned in the classroom setting, during the clinical education rotations regardless of location.

With the addition of the new CAATE Sub-standard B1.24, sites must be reviewed as providing ATEP students with the security that all classrooms and clinical education
sites utilized by the ATEP are judged as equal in providing the necessary tools to provide educational opportunities. Because classrooms and sites must meet specific academic requirements as mandated by the ATEP and the CAATE Sub-standard B1.24, this serves to promote a high level of professionalism across all aspects of the ATEP.

Under Section B: Personnel, Sub-section B3: Clinical Faculty and Staff, Standard B3.2: Approved Clinical Instructor (ACI) Qualifications, the new CAATE Sub-standard B3.25 has been evaluated. Table 5 provides the evaluated information for the CAATE Sub-section Standard B3.25.

Table 5

<table>
<thead>
<tr>
<th>Structural-related Standards Evaluated Under the CAATE Sub-section B3, Standard B3.2 (CAATE, 2005)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005 CAATE Standards Evaluated:</td>
</tr>
<tr>
<td>B3.25: 3 year re-training cycle</td>
</tr>
</tbody>
</table>

The new CAATE Sub-standard B3.25 calls for ACIs to receive initial training and be retrained by the Clinical Instructor Educator (CIE) for the institution’s ATEP in a minimum of a 3-year cycle (CAATE, 2005). For the purpose of this study, the new CAATE Sub-standard B3.25 has been evaluated under structural resources and curricular due to the role of an ACI being tied directly to the role the ACI provides in providing instruction, evaluation, and supervision for Athletic Training Students (ATSs) during
clinical education experiences that are directly tied to fieldwork courses as part of the WMU-ATEP curriculum.

The initial WMU-ATEP ACI training was performed Tuesday, August 3, 2004. In order to be compliant with the new Sub-standard B3.25, the initial 11 ACIs that were trained on that date received their re-training on Wednesday, August 1, 2007. Therefore, the WMU-ATEP is compliant with the new CAATE Sub-standard B3.25.

The new CAATE Sub-standard B3.25 has assisted in promoting a high level of professionalism and collegial relationships. By mandating that ACI re-training occur at a minimum of every three years, the WMU-ATEP has been able to keep all ACIs that the ATEP utilizes “in-step” with the expectations and requirements of the ATEP in relation to the ATEP’s mission in delivering a quality curriculum, understanding the roles and responsibilities of all stakeholders, and providing for a way for all those involved to communicate and make necessary changes.

Continuing on, under Sub-section B3: Clinical Faculty and Staff Section is the Standard B3.3: Approved Clinical Instructor (ACI) Responsibilities, with the new CAATE Sub-standards B3.33 and B3.34. Table 6 provide the provisions for the two new Sub-standards.

The new Sub-standards B3.33 and B3.34, under the CAATE Standard B3.3, call for the ACI to “have regular communication with the appropriate ATEP Administrator, and demonstrate understanding of and compliance with the policies and procedures of the ATEP” (CAATE, 2005). In order to meet the requirements of the new Sub-standards, the Program Director now schedules a general meeting in the fall with all the ACIs, followed
Table 6

*Structural-related Standards Evaluated Under the CAATE Sub-section B3 (CAATE, 2005)*

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3.33: Regular communication w/PD</td>
<td>New</td>
<td>Structural</td>
</tr>
<tr>
<td>B3.34: Comply w/ ATEP policy/procedures</td>
<td>New</td>
<td>Structural</td>
</tr>
</tbody>
</table>

Defining requirements for Standard B3.3 and Sub-standards B3.33 and B3.34 associated with Approved Clinical Instructors (ACIs) responsibilities must include the following functions: (CAATE, 2005).

by monthly meetings and a final meeting to review the end of the academic school year in April. During both the fall and spring semesters, the Program Director utilizes emails, phone calls, and visits to the clinical education sites and discusses issues with all of the ACIs on a weekly basis. In order to supplement this communication, the Program Director has asked the Clinical Coordinator to keep her updated on issues related to students, clinical education rotations, and ACIs. The Clinical Coordinator and the Program Director recently implemented monthly meeting dates with the ACIs from the clinical education sites to communicate strengths, weaknesses, and changes needed or implemented in the ATEP. Due to the institution of the additional monthly meetings, the WMU-ATEP has become compliant with the CAATE Sub-standard B3.33.

In order to meet the requirements of the new CAATE Sub-standard B3.34, under the CAATE Standard B3.3, the ATEP created Appendix W, presented in the *WMU-ATEP Student Policies and Procedures Manual*. Appendix W is the Curriculum and Clinical Education Guidelines Policy. Each student and ACI must review and sign a Statement of
Understanding, verifying that they have read and understood what their position calls for in regards to the ATEP. In addition, each ACI is provided with a copy of the ATEP’s *Policy and Procedure Manual* and is asked to review the document. Any changes that are made to the policies and procedures of the ATEP are provided as an update in email form and is further discussed with each of the ATEP’s ACIs during regularly scheduled meeting times. In order to become fully compliant with Sub-standard B3.34, a Statement of Understanding (SOU) has been produced and presented to each of the ACIs. The ACIs are asked to sign this SOU once they have fully read the *Policies and Procedures Manual* and all questions have been answered. These signed SOUs are stored in the office of the Program Director.

The new CAATE Sub-standards B3.33 and B3.34 have provided a basis for promoting positive collegial relationships within the WMU-ATEP. By calling for regular communication to take placed between the ATEP ACIs and the ATEP administrators, no longer does the ATEP run with individuals doing their own thing, so to speak. Individuals know what is expected of them and their position and issues are talked about regularly as well as handled appropriately.

Standard B3.5 under the CAATE Section B, Sub-section B3: Clinical Faculty and Staff, provides the responsibilities of the Clinical Instructor (CI) and has produced the new Sub-standards B3.52 and B3.53. Table 7 presents the new requirements that CIs must be responsible for.

Sub-standard B3.52 states that “a CI must have regular communication with the appropriate ATEP administrator…” (CAATE, 2005). The WMU-ATEP Clinical Coordinator makes regular weekly or bi-weekly visits to all WMU clinical education sites
Table 7

Structural-related Standards Evaluated Under the CAATE Sub-section B3 (CAATE, 2005)

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3.52: Regular communication with ATEP</td>
<td>New</td>
<td>Structural</td>
</tr>
<tr>
<td>B3.53: Comply w/ ATEP Policy/procedures</td>
<td>New</td>
<td>Structural</td>
</tr>
</tbody>
</table>

Defining requirements for Standard B3.5 and the new Sub-standards B3.52 and B3.53 associated with Clinical Instructor (CIs) and the responsibilities such individuals must perform: (CAATE, 2005).

To communicate issues involved with administrative decisions or rotation issues. The Clinical Coordinator then communicates with the Program Director on approximately a daily basis to review issues associated with all aspects of the ATEP. Currently, the only two CIs that the ATEP utilizes are the medical physicians and these individuals are met with on a semester-by-semester basis. To become further compliant with Sub-standard B3.52, under Standard B3.5, the WMU-ATEP has decided to follow the course of action associated with Sub-standard B3.33 in which the Clinical Coordinator and the Program Director have instituted a monthly meeting date with the ACIs from the clinical education sites; the current and future CIs will be asked to also attend these meetings; therefore, the WMU-ATEP has become compliant with new CAATE Sub-standard B3.52.

Additionally under Standard B3.5, the new CAATE Sub-standard B3.53 requires that CIs “demonstrate understanding of, and compliance, with the policies and procedures of the ATEP” (CAATE, 2005). The WMU-ATEP has followed the same protocol.
associated with new Sub-standard B3.34 in order to meet the requirements of being compliant with Sub-standard B3.53.

As was the case with the new CAATE Sub-standards B3.33 and B3.34, the new CAATE Sub-standards B3.52 and B3.53 have provided a basis for promoting positive collegial relationships within the WMU-ATEP. By calling for regular communication to take place between the ATEP CIs and the ATEP administrators, both sides are able to discuss and deal with developments within the ATEP and all individuals know what is expected of them according to the role that the individual fills within the ATEP.

Facility Needs Related to Structure (Section D: Physical Resources)

Under Section D: Physical Resources, Sub-section D1: Facilities, Standard D1.1 are four Sub-standards: D1.11, D1.12, D1.13, and D1.14 that were evaluated under Structural Resources. Previously, the requirements of the CAATE Sub-standards D1.11 through D1.14 were found within the interpretation section of the CAAHEP Standard IB3a: Physical Resource Facility. However, the CAATE has noted that although the first three Sub-standards D1.11 through D1.13 were previously found within the CAAHEP Standard interpretation, they are also cited as being considered new due to the refining of the previous interpretation.

Continuing under Sub-section D1 is the new CAATE Standard D1.3, followed by the CAATE Standards D1.4, D1.5, and D1.6; the latter three Standards were also previously found within the interpretation section of the CAAHEP Standard IB3a: Physical Resource Facility. Table 8 provides the provisions for the CAATE Sub-
standards D1.11, D1.12, D1.13, D1.14 and the CAATE Standards D1.3 through D1.6; all found under Section D: Physical Resources, Sub-section D1: Facilities.

Table 8

*Structural-related Standards Evaluated Under the CAATE Section D, Sub-section D1 (CAATE, 2005)*

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1.11: Consistent classrooms</td>
<td>Interpretation/new</td>
<td>Structural</td>
</tr>
<tr>
<td>D1.12: Consistent laboratories</td>
<td>Interpretation/new</td>
<td>Structural</td>
</tr>
<tr>
<td>D1.13: Consistent clinical facilities</td>
<td>Interpretation/new</td>
<td>Structural</td>
</tr>
<tr>
<td>D1.14: Administrative offices for staff</td>
<td>Interpretation</td>
<td>Structural</td>
</tr>
<tr>
<td>D1.3: Instructional sites equitable</td>
<td>New</td>
<td>Structural</td>
</tr>
<tr>
<td>D1.4: Seating/environment to facilitate ed.</td>
<td>Interpretation</td>
<td>Structural</td>
</tr>
<tr>
<td>D1.5: Confidential space for counseling</td>
<td>Interpretation</td>
<td>Structural</td>
</tr>
<tr>
<td>D1.6: Secure file/record space</td>
<td>Interpretation</td>
<td>Structural</td>
</tr>
</tbody>
</table>

The original CAAHEP Standard IB3a stated:

Adequate classrooms, laboratories, clinical facilities, and administrative offices shall be provided for students, program staff, and faculty. The athletic training room and other clinical facilities shall provide the primary settings in which the clinical athletic training educational program is conducted. These settings shall provide adequate space for effective learning experiences for all athletic training students enrolled in the clinical aspect of the program. (CAAHEP, 2001)
A portion of the previous interpretation of the CAAHEP Standard IB3a stated, “Classrooms and laboratories must have enough space to accommodate the necessary activities of students and faculty. Crowded conditions, where some students cannot participate equally or are delayed in participating in class activities, must not occur” (CAAHEP Interpretation Manual, 2001).

The new CAATE Sub-standards D1.11 through D1.13 provide more detail in what is required on the part of the ATEP for educational facilities in order to provide for an environment that is conducive to performing learning activities and it is consistent with similar programs at the sponsoring institution. The CAATE Sub-standards D1.11 through D1.13 require that:

- classrooms that are consistent in size and quality with classrooms used for similar academic programs at the sponsoring institution [D1.11],
- laboratories that are consistent in size and quality with laboratories used for similar academic programs at the sponsoring institution [D1.12],
- clinical facilities that are consistent in size and quality with clinical facilities used for similar academic programs at the sponsoring institution [D1.13]. (CAATE, 2005)

According to the information provided in the WMU Accreditation Self-study (2004), there is sufficient classroom and laboratory space for ATEP educational purposes. Lecture classrooms are located on the third floor of the Student Recreation Center with one additional lecture classroom located on the first floor. In addition to the first floor classroom, there is lab space utilized by several programs within the HPER Department; this space is referred to as the Special Education Learning Laboratory (SPELL) and provides 981.6 square feet of open instructional area.

Across from this lab space, the exercise science and biomechanics instructional space (1969.0 square feet) provides room for psychomotor instruction of athletic training
proficiencies (WMU Self-study, 2004). At this time, there is no specific dedicated space for instruction of the athletic training curriculum. However, the Department Chair has provided sufficient equipment and material for a “mobile lab” to be utilized; this allows for instructional equipment to be moved within the shared lab space of the SPELL and exercise science area.

Classroom instruction and lab activities also take place in clinical facilities such as the athletic training rooms on the site of WMU. At the time of the 2004 accreditation visit, the site visitors also deemed the different athletic training room facilities, specifically, the University Arena Athletic Training Room (2,188.1 square feet), to provide for an excellent clinical environment for the instruction and practice of proficiencies for the athletic training students; the space provided for in the University Arena is conveniently located adjacent to the Student Recreation Center (WMU Self-study, 2004).

Though the WMU-ATEP may be deemed as being compliant with the Substandards D1.11, D1.12, and D1.13, it may be found to be noncompliant with a future site visit for the purpose of continuing accreditation due to not having lab space specifically dedicated for the purpose of athletic training curriculum instruction. On the campus of WMU, there are other allied health programs located within the Health and Human Services building; this building opened in late 2005 and has approximately 195,000 square feet offering classrooms, laboratories, distance learning classrooms, a human anatomy suite, learning resource center, motion research and physical activity laboratory, a research wet laboratory, communication laboratory suite, and faculty and administrative offices dedicated to the education of allied health professionals (Health and Human
Services website, n.d.). Within the CAATE Sub-standards D1.11 through D1.13, it specifically states that the classrooms, laboratories, and clinical facilities required must be comparable to “similar academic programs at the sponsoring institution” (CAATE, 2005). Athletic training is an allied health profession, and though housed in the HPER Department under the College of Education, its program curriculum and profession may be compared to the other allied health curriculums housed under Health and Human Services; this determination cannot be verified until the next scheduled site visit scheduled during the 2010-2011 academic year.

The CAATE Sub-section D1: Facilities, Standard D1.1 presents an additional Sub-standard, D1.14. The requirements for Sub-standard D1.14 were also previously found within the requirements and interpretation of the CAAHEP Standard IB3a: Physical Resource Facility. The previous interpretation of the CAAHEP Standard IB3a, pertaining to the CAATE Sub-standard D1.14, called for

office space with some provisions for privacy must be available to faculty and program staff consistent with other academic programs. Appropriate administrative personnel of the program should have ready access to administrative files and reports of the program. Other faculty and staff should have office space devoted to the many preparation duties and storage of files and information associated with teaching, clinical instruction, and supervision. Clinical instruction staff should have office space within or immediately adjacent to the clinical facility. (CAAHEP Interpretation Manual, 2001)

The CAATE Sub-standard D1.14 has been identified as possessing a change in the interpretation as compared to the previous CAAHEP Standard IB3a. Under the CAATE Sub-standard D1.14, “administrative offices must be provided for program staff and faculty on a consistent basis similar to other academic programs at the sponsoring institution” (CAATE, 2005). The CAATE Sub-standard D1.14 has simplified the
requirements and the WMU-ATEP has dedicated office space for all athletic training faculty members while additional approved clinical instructors (ACIs) have their own dedicated office space located within their clinical education facility. Therefore, the WMU-ATEP is compliant with the CAATE Sub-standard D1.14.

The provisions for the new CAATE Sub-standards D1.11, D1.12, D1.13, and D1.14 under Section D, were previously found within the interpretation for the CAAHEP Standard IB3a: Physical Resource Facility. With the requirements previously found within the interpretation section of the CAAHEP Standard now clearly defined and assigned to specific Sub-standards, the ability for an ATEP to evaluate if the requirements mandated by the Sub-standards D1.11, D1.12, D1.13, and D1.14 are met makes the assessment for compliancy more efficient.

Further under Section D: Physical Resources, Sub-section D1. Facilities, is the new CAATE Standard D1.3. Standard D1.3 requires that “the educational facilities for all instructional sites used for classroom and laboratory instruction must be equitable for students at each site; this includes distance or remote education sites” (CAATE, 2005). All classroom and laboratory instruction is tied directly to the ATEP curriculum. Curriculum instruction takes place on the campus of WMU, primarily in the courses and lab sites within the Student Recreation Center, while additional remote affiliated clinical education rotation sites are located close to WMU’s main campus. The affiliated sites were selected as being complementary to the Athletic Training Professional Program’s primary clinical site (WMU Self-study, 2004). The WMU-ATEP meets all requirements of the United States Department of Justice Americans with Disabilities Act and works accordingly with the WMU Disabled Student Resources and Services to allow for all
students enrolled in ATEP curriculum courses to have equal opportunity and access to all educational facilities; therefore, the WMU-ATEP is compliant with the new CAATE Standard D1.3.

Additional Standards under the Sub-section D1: Facilities, that were previously found within the interpretation section requirements of the CAAHEP Standard IB3a: Physical Resource Facility, include the CAATE Standards D1.4, D1.5, and D1.6. The interpretation section that the CAATE Standards were taken from refer to the seating and environment to facilitate the ATEP education (Standard D1.4), confidential space for counseling (Standard D1.5), and providing a secure place for files and records (Standard D1.6) (CAATE, 2005). Specifically, the CAATE Standard D1.4 requires that “classroom and laboratories must have seating, lighting, heating/cooling, and ventilation that will provide an atmosphere to facilitate the learning process” (CAATE, 2005). The previous portion of the CAAHEP Standard IB3a, which was concerned with environment, simply stated, “environmental controls (e.g. lighting, air-conditioning, ventilation, heating) for these facilities should be in good working order” (CAAHEP Interpretation Manual, 2001).

The previous section of the CAAHEP Standard IB3a that dealt with counseling and storing student records stated, “office space with some provisions for privacy must be available to faculty and program staff consistent with other academic programs” (CAAHEP Interpretation Manual, 2001). The CAATE Standard D1.5 has now clarified the interpretation and requires that “there must be designated space for confidential counseling of students by ATEP faculty” (CAATE, 2005).
In conclusion, the previous section of the CAAHEP Standard IB3a that provided the requirements for keeping files and records, stated “appropriate administrative personnel of the program should have ready access to administrative files and reports of the program” (CAAHEP Interpretation Manual, 2001). The CAATE Standard D1.6 clarifies the interpretation and requires that “there must be secure, private storage space for student files and records” (CAATE, 2005).

The interpretation for all three CAATE Standards D1.4, D1.5, and D1.6 are more in-depth and provide more details as to what conditions an ATEP must provide in order to be compliant. The WMU-ATEP has taken the necessary steps to be compliant with the parameters outlined in the interpretation of the CAATE Standards D1.4 through D1.6. The WMU-ATEP has met the requirements for the CAATE Standard D1.4, pertaining to seating, lighting, heating, cooling, and ventilation in the classrooms and athletic training rooms utilized for educational purposes. The classrooms and athletic training rooms are regularly maintained by physical plant. The individuals employed by the physical plant perform maintenance rounds on a scheduled basis. During the scheduled maintenance rounds, inspection of all facilities is performed and recorded. If specific maintenance procedures or updates are warranted as necessary, a proper work request is submitted and the matter is attended to.

There are three rooms designated for providing private counseling as required by the CAATE Standard D1.5. The rooms that may be utilized for private counseling are located on the fourth floor of the Student Recreation Center behind the primary site for the HPER Department faculty. The rooms located on the fourth floor include two small conference rooms located behind the faculty offices, both of which can be locked for
privacy, and at the entrance of the fourth floor, there is a large conference room that can be used for larger group meeting; this room may be locked as well for privacy. Each of these rooms is furnished with adequate lighting, heating, ventilation, a table, and sufficient seating for a comfortable environment.

As was indicated in the previous WMU Self-study (2004), student files and records are maintained and secured in private storage space, as required by the CAATE Standard D1.6, in four specific areas: the Registrar’s Office, the Office of Student Advising, the Program Director’s office, and the Clinical Coordinator’s office.

The office of the Registrar maintains the initial application to Western Michigan University, statement of matriculation, and official transcripts. The College of Education’s Department of Student Advising maintains all of the official student’s academic advising documentation. The WMU Undergraduate ATEP Director maintains each current student’s academic file within a private storage cabinet and past graduates’ files within a locked storage cabinet on the fourth floor of the Student Recreation Center. Each student’s file contains the following: individual student information sheet; clinical education rotation schedule; student and ACI/CI signed clinical experience evaluations; completed ATEP application that includes the completed and signed technical standards; official record of a physical examination and Medical Clearance Form including immunizations; HbV Declination Form, and when applicable; Exposure Incident Form (copy); verification of Physical or Learning Disabilities, when applicable; Exit Interview Form; any Appendix X forms that provide information regarding any disciplinary actions taken on behalf of the student; academic transcripts that provide information regarding
grades; advising form; copies of the student’s current professional rescuer and first aid
certification; and annual blood-borne pathogen training documentation.

Documentation of the athletic training student’s skill review sheets indicating
learning over time through the WMU Mastery Pathway Model (the completion of all
required clinical proficiencies through peer reviews, ACI assessments, and demonstrated
mastery are required for graduation) is maintained by the Clinical Coordinator on the
Coordinator’s computer hard-drive and within locking file cabinets. Upon graduation, the
skill review sheets are combined with the academic file that is maintained by the Program
Director and then archived (WMU Self-study, 2004).

In summation of the review of the CAATE Standards D1.3, D1.4, D1.5, and D1.6,
the evaluation resulted in the CAATE Standard D1.3 being found to promote
professionalism through mandating equitable quality for all instructional sites. The
specific requirements of all three Standards D1.4 through D1.6 were evaluated as
providing for more efficiency; evaluation of the Standards resulted in the judgment that
there no longer exists the need for an interpretation to accompany each Standard in order
to judge the level of ATEP compliancy. Standard 1.4 is more efficient and clear because
it specifically directs what must be found in each learning environment. The CAATE
Standard 1.5 provides more clarity, specifically with the point that the previous CAAHEP
Standard stated that “some” provisions for privacy for counseling must be available,
whereas the CAATE Standard 1.5 calls for specific space to be designated for counseling
of students. Finally, the requirements for the CAATE Standard 1.6 once again provide
clarity and allow for efficiency by specifically providing direction as to how student
records must be stored.
The new CAATE Standard D3.3 under Sub-section D3: Therapeutic Modalities and Rehabilitation Resources present the requirements for the use of modalities and rehabilitation resources in their use for instructional and clinical education purposes. Table 9 provides the conditions for the new CAATE Standard D3.3.

Table 9

**Structural-related Standards Evaluated Under the CAATE Section D, Sub-section D3: Standard D3.3 (CAATE, 2005)**

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>D3.3: DE has comparable, accessible equipment</td>
<td>New</td>
<td>Structural and Curriculum</td>
</tr>
</tbody>
</table>

The CAATE Standard D3.3 states that “at all distance or remote education sites, all therapeutic modalities and rehabilitation equipment used for classroom and laboratory instruction and assessment must be comparable and equally accessible to all students regardless of location” (CAATE, 2005). As the CAATE Standards, under the Athletic Training Standards Glossary (2005) dictate, distance or remote education sites are those that occur away from the primary host institution through the use of electronic media sources and are not to be confused with sites designated as providing clinical education experiences.

The WMU-ATEP Self-study (2004) argued that there is adequate accessibility and utilization of the modalities and rehabilitation equipment necessitated for classroom and
laboratory instruction in the WMU-ATEP clinical settings. Because the structure of the WMU-ATEP does not utilize any distance or remote education sites and evaluation of the necessary materials is therefore not needed, the WMU-ATEP is found to be compliant with the new Standard D3.3. By not requiring that an ATEP have distance or remote education sites for educational purposes, this provides for flexibility on behalf of the ATEP and the ATEP’s ability to utilize the educational sources that each would find meets the educational goals of their own individual program. However, if an ATEP did utilize distance or remote education sites, the provisions of the CAATE Standard D3.3 would promote professionalism through mandating equitable therapeutic modalities and rehabilitation equipment for instructional purposes for all instructional sites.

The new CAATE Standard D4.3, under Sub-section D4: First Aid and Emergency Care Equipment presents the requirements for the use of the first aid and emergency equipment in their use for instructional and clinical education purposes. Table 10 provides the conditions for the new CAATE Standard D4.3.

Table 10

Structural-related Standards Evaluated Under the CAATE Section D, Sub-section D4 (CAATE, 2005)

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>D4.3: DE has comparable, accessible equipment</td>
<td>New</td>
<td>Structural and Curriculum</td>
</tr>
</tbody>
</table>
The new CAATE Standard D4.3, has been evaluated under structural and curricular resources due to the requirement that all first aid and emergency equipment used for classroom and laboratory instruction and assessment and is found at all distance or remote education sites must be equally comparable accessible to all students (CAATE, 2005). The structure of WMU-ATEP does not utilize distance or remote education sites for curriculum instruction. Due to the WMU-ATEP not utilizing such sites, the WMU-ATEP has been evaluated as being compliant with the new CAATE Sub-standard D4.3.

Once again, as was the case with the evaluation of the previous CAATE Standard D3.3, by not requiring that an ATEP have distance or remote education sites for educational purposes, this provides for flexibility on behalf of the ATEP and the ATEP’s ability to utilize the educational sources that each would find meets the educational goals of their own individual program. However, if an ATEP did utilize distance or remote education sites, the provisions of the CAATE Standard D4.3 would promote professionalism through mandating equitable equipment be available for instructional purposes for all instructional sites.

*Structural Basis of Program Policies and Procedures (Section E: Operational Policies and Fair Practices)*

Section E: Operational Policies and Fair Practices, Sub-section E1: Program Admission and Advertisements, conveys what is required of an ATEP in relation to student admission into the ATEP and advertisement of ATEP requirements (CAATE, 2005). Table 11 presents the evaluated Standards and Sub-standards under Sub-section E1.
Table 11

Structural-related Standards Evaluated Under the CAATE Section E, Sub-section E1 (CAATE, 2005)

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1.1: Admission criteria clearly defined/pub</td>
<td>See also IClb Admin P&amp;P</td>
<td>Structural</td>
</tr>
<tr>
<td>E1.13: Admission transfer/retention policies</td>
<td>Interpretation</td>
<td>Structural</td>
</tr>
<tr>
<td>E1.2: Admission available to prospective students</td>
<td>New</td>
<td>Structural</td>
</tr>
<tr>
<td>E1.3: Accurate &amp; consistent publications</td>
<td>New</td>
<td>Structural</td>
</tr>
</tbody>
</table>

Under Sub-section E1, the CAATE has created Standard E1.1. The CAATE links Standard E1.1 to the previous requirements presented in the interpretation of the CAAHEP Standards ICl1a and ICl1b: Admission Policies and Procedures. Under the earlier CAAHEP Standard ICl1a “admission of students into the program, including competitive admission placement within the clinical and advanced didactic portions, shall be made in accordance with clearly defined and published academic practices of the institution” (CAAHEP Interpretation Manual, 2001). The previous CAAHEP Standard ICl1b states “program admission criteria shall be clearly defined and published in the official institutional academic documents and other public media” (CAAHEP Interpretation Manual, 2001). In comparison, the CAATE Standard E1.1 states:

program admission criteria (E1.11-E1.13) must be clearly defined and published consistently in official institutional academic documents, handbooks, and/or other published and announced information sources. It is not necessary to have all information in all documents, but there must be appropriate reference to a publicly accessible document that includes all program admission criteria. (CAATE, 2005)
The CAATE Sub-standards E1.11 through E1.13, that the CAATE Standard E1.1 refers to, provide that the criteria for admission into the ATEP must include the technical standards (Standard E1.11), competitive admissions process (Standard E1.12), and the policies for student transfers and retention policies (Standard E1.13). The CAATE Sub-standards E1.11 and E1.12 were contained within the interpretation of the previous CAAHEP Standards IC1a and IC1c, but there was a revision by the CAATE in reference to program admission criteria including transfer and retention policies; therefore, the CAATE Sub-standard E1.13 was created from the interpretation section of the prior CAAHEP Standard IC1a to provide for clear directions in dealing with transfer students.

The previous section of the interpretation of the CAAHEP Standard IC1a that dealt with transfer students required that “the program must have a policy for transfer student admission that ensures the qualifications of the student are determined and that those qualifications are comparable to the requirements met by other students” (CAAHEP Interpretation Manual, 2001). The interpretation of CAAHEP Standard IC1a provided no provisions for retention of students. The CAATE Sub-standard E1.13 simply states that “transfer and retention policies” (CAATE, 2005) must be a portion of what is necessary for an ATEP to be compliant with the CAATE Standard E1.1 dealing with program admission criteria.

The WMU-ATEP has the policy that athletic training students that transfer to Western Michigan University are considered and reviewed on a per case basis. In addition, transfer students are required to apply for and obtain admission to the Department of Health, Physical Education and Recreation and complete all of the WMU-ATEP pre-program requirements before they can apply to the ATEP (WMU Self-study,
The WMU-ATEP pre-program course requirements can be met through transfer credits from other CAATE accredited programs. Courses from accredited programs are evaluated based on the course objectives and educational proficiencies that have been met, and the grade received was a “C” or better. Athletic training students that choose to transfer are required to satisfy minimum pre-program requirements regarding the Phase I: Observation Experiences provided by the WMU-ATEP. The WMU-ATEP was required to revise the policies and procedures regarding transfer students and the application procedure and program admission and retention criteria. The revised criteria has now been implemented into the WMU-ATEP Athletic Training Student Policies and Procedures Manual and can be additionally found within the WMU-ATEP applications forms and found in the University’s publicly accessible Academic Catalog and through communication with the WMU-ATEP undergraduate Program Director (WMU Self-study, 2004).

Once a student has been officially accepted into the undergraduate WMU-ATEP, the student has met the status of being referred to as a Professional Program student. For retention purposes, in order to maintain acceptance and matriculation through the WMU-ATEP, Professional Program students must adhere to the standards required by the ATEP. The requirements are posted in the WMU-ATEP Athletic Training Student Policies and Procedures Manual, the publicly accessible University’s Academic Catalog, and application packet materials for the WMU-ATEP, and may be obtained through communication with the WMU-ATEP undergraduate Program Director (WMU Self-study, 2004).
The WMU-ATEP through its revision and posting of the transfer policy in addition to previously having and practicing guidelines for retention may be deemed compliant with the CAATE Standards E1.1, Sub-standard E1.13 and all other CAATE Standards relevant to program admission criteria.

Continuing under Section E: Operational Policies and Fair Practices and Sub-section E1: Program Admission and Advertisements, the CAATE has established three new Standards and the cross-over of several old Standards from the CAAHEP. The new CAATE Standards call for:

program admission criteria must be available to prospective and current students [E1.2]. Program policies, procedures, and requirements must be accurate and consistent in all published and announced information sources (e.g., web-sites, catalogs, recruiting materials) [E1.3]. The welfare of all athletic training students must be protected by liability insurance that can be documented through policy declaration pages or other legally-binding documents [E1.11a]. (CAATE, 2005)

The two new Standards E1.2 and E1.3 were evaluated according to their relevance to Structural Resources. The new CAATE Standard E1.11a was related to Curricular Resources and therefore the results from the evaluation of Standard E1.11a will be found later in the results.

Currently the WMU-ATEP’s policies, procedures, and requirements for admission are presented in several locations for students and the general public. The policies, procedure and requirements can be found in *WMU-ATEP Athletic Training Student Policies and Procedures Manual*, the publicly accessible University’s Academic Catalog, and application packet materials for the WMU-ATEP, and may be obtained through communication with the WMU-ATEP undergraduate Program Director. In addition, the Undergraduate Program Director for the WMU-ATEP has been working with Ms. Deb
Withe, the Webmaster for the College of Education, to post all materials relevant to the policies, procedures, and requirements of the WMU-ATEP on an official program site for the purpose of allowing all current and prospective students’ access to the information. At the time of this evaluation, students received the majority of their information by directly contacting the Undergraduate Program Director through personal, phone, or email communication. Potential and current students may also access the information by contacting the HPER Department in which the WMU-ATEP is housed. Though the WMU-ATEP may technically be compliant with the new CAATE Standard E1.2, it is taking steps to allow for easier access to ATEP related materials.

The new CAATE Standard E1.3 commands that the information related to program policies, procedures, and requirements found in all published and announced information sources are accurate and consistent. During the evaluation of Standard E1.3, it was found that information related to program policies, procedures, and requirements presented in the University’s Academic Catalog did not match with information provided to the students through the WMU-ATEP Athletic Training Student Policies and Procedures Manual and application packet materials. Due to the inconsistency of the information provided, the undergraduate Program Director needed to contact the Registrar’s office and submit editorial changes for the information presented in the University’s Academic Catalog in order to be compliant with the CAATE Standard E1.3. After the program policies, procedures, and requirements revisions were made, the WMU-ATEP became compliant with the CAATE Standard E1.3. To maintain consistency in the future, once the ATEP website has been finished, the program policies,
procedures, and requirements information provided in all published and distributed documentation will be posted on the site.

The CAATE Standards E1.1, E1.2, E1.3 and Sub-standard E1.13 are all related to ATEP admission and advertisements under the ATEP operational policies and fair practices. The CAATE utilized the two previous CAAHEP Standards IC1a and IC1c and the interpretation of the two Standards to create the CAATE Standards and Sub-standards under Section E and Sub-section E1. The previous CAAHEP Standards had provided the basic foundation for admission and advertisement requirements, but ATEPs needed to review the CAAHEP Standard and the interpretation of the Standards in order to evaluate compliancy. The result of the creation of all CAATE Standards and Sub-standards under Section E have been evaluated as providing for efficiency because an ATEP no longer can evaluate if their program is compliant with both a Standard and underlying interpretation of that Standard; now the necessities are presented and the ATEP has to appraise whether they meet the requirements or do not.

*Program Structure of Health and Safety Issues (Section F: Health and Safety)*

Section F of the CAATE Standards provides the requirements for health and safety in relation to a student’s receiving a physical examination to determine if they can meet the physical and mental requirements of an athletic trainer; Technical Standards; instruction and assessment of skills; communicable disease policy; electrical modalities and electrical safeguards; Occupational Safety and Health Administration or blood-borne pathogen procedures; and emergency action plans. Table 12 portrays the evaluated CAATE Standards and Sub-standards under Section F.
Table 12

**Structural-related Standards Evaluated Under the CAATE Section F (CAATE, 2005)**

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1: Physical Examination (PE) by MD/DO/NP/PA. PE must include: F1.1: Medical history</td>
<td>Interpretation</td>
<td>Structural</td>
</tr>
<tr>
<td>F1.2: Immunization review</td>
<td>New</td>
<td>Structural</td>
</tr>
<tr>
<td>F1.3: Evidence of PE in file F3: Official enrolled, instructed prior to skill F4: Established comm. disease policy</td>
<td>Interpretation</td>
<td>Structural</td>
</tr>
<tr>
<td>F5: Electrical modalities and electrical safeguards (e.g., GFIs) must annually pass safety inspections and be calibrated by a qualified technician at all clinical sites. F6.1: BBP training before potential exposure F6.3: Access/utilize BBP barriers F6.4: Access/utilize proper sanitation F6.5: Access to appropriate biohazard disposal equipment and procedures at each clinical site.</td>
<td>New</td>
<td>Structural and Curriculum</td>
</tr>
<tr>
<td></td>
<td>Interpretation</td>
<td>Structural and Curriculum</td>
</tr>
<tr>
<td></td>
<td>GFIs-New</td>
<td>Structural and Curriculum</td>
</tr>
<tr>
<td></td>
<td>New</td>
<td>Structural and Curriculum</td>
</tr>
<tr>
<td></td>
<td>Interpretation</td>
<td>Structural and Curriculum</td>
</tr>
<tr>
<td></td>
<td>New</td>
<td>Structural and Curriculum</td>
</tr>
<tr>
<td></td>
<td>Interpretation</td>
<td>Structural and Curriculum</td>
</tr>
</tbody>
</table>

The CAATE Standards F1 and Sub-standards F1.1 through F1.3 state that:

a physical examination by a MD/DO/NP/PA must verify that the student is able to meet the physical and mental requirements - with or without reasonable accommodation - of an athletic trainer [F1]. This examination must include: a medical history [F1.1], an immunization review [F1.2], and evidence of a physical examination that is maintained by the institution in accordance with established confidentiality statutes [F1.3]. (CAATE, 2005)
The CAATE Standard F1 is tied to the previous CAAHEP Standard IC3. The structure of the previous CAAHEP Standard IC3 required that "procedures shall be established and implemented to determine that the students’ physical and mental health will permit them to meet the established written technical standards of the program" (CAAHEP Interpretation Manual, 2001). The CAATE’s Standard F1 denotes that a change has been made in the interpretation as compared to the previous CAAHEP Standard. The previous interpretation of the CAAHEP Standard IC3 required that “a health care provider accepted by the sponsoring institution (MD, DO, PA, NP) must complete a health evaluation of the student in light of the technical standards established for the program” (CAAHEP Interpretation Manual, 2001). The change in the interpretation of the CAATE Standard F1 now requires that “a physical examination by a MD/DO/NP/PA must verify that the student is able to meet the physical and mental requirements—with or without reasonable accommodation—of an athletic trainer” (CAATE, 2005). This change in interpretation specifically calls for an examiner that performs the physical examination, to verify that the student is able to meet the requirements of an athletic trainer.

The new CAATE Sub-standard F1.1 requires that a medical history be included in the physical examination; this was not necessitated as part of the requirements of the physical examination under the previous CAAHEP Standard IC3.

In addition, the CAATE has changed the interpretation section of the past CAAHEP Standard IC3 in regards to immunizations and evidence of a physical examination being performed. Under the CAATE Standards F1.2 and F1.3 under Standard F1, the physical examination performed by a Medical Doctor (MD), Doctor of
Osteopathic Medicine (DO), Nurse Practitioner (NP) or Physician’s Assistant (PA), must include a review of immunizations (CAATE Sub-standard F1.2) and evidence of a physical examination must be maintained by the institution following established regulation and statutes that govern confidentiality (CAATE Sub-standard F1.3, 2005). The previous interpretation section of the CAAHEP Standard IC3 provided very in-depth instruction as to what was required for immunization history and that documentation of the physical examination was required to be maintained by the Program Director in accordance with established confidentiality statutes (CAAHEP Interpretation Manual, 2001).

In evaluation of the CAATE Standard F1 and Sub-standards F1.1 through F1.3, the WMU-ATEP is compliant due to its current practice in regards to verifying the health and safety of its athletic training students. The WMU-ATEP requires that students applying to the ATEP have a physical examination performed by a recognized practitioner. The student applying to the ATEP must present the recognized practitioner with a Physician’s Verification Form. Upon the form, it requires the student to print his or her name and follows with a statement that the practitioner must sign that clears the student for participation in education activities required for the athletic training major. The verification form then goes on to provide space for where the address of the examination record is kept and a review of the Student Immunizations Records/Screening. On the medical form that the practitioner uses for the physical examination, the first section reviews both family and personal medical history.

The specificity of the requirements for the physical examination as compared to the previous CAAHEP Standard IC3 and its accompanying interpretation lends to
providing for the exactness of what is expected of the ATEP in requiring a physical examination of potential students. Additionally, by mandating certain requirements be covered in a physical examination in order to ensure that a student could handle the demands of an athletic trainer, this provides for promoting a higher level of professionalism. In summation, the requirements of the CAATE Standard F1 and Sub-standards F1.1 through F1.3 are considered to lend to increased efficiency and professionalism within the ATEP and for the future of the profession.

The next new CAATE Standard to be evaluated under Section F is Standard F3. The new CAATE Standard F3 is evaluated as it pertains to the ATEP’s structure and its implication to the ATEP curriculum requirements. The CAATE Standard F3 requires that “athletic training students must be officially enrolled in the clinical portion of the program, be formally instructed and formally assessed on athletic training clinical skills as part of a required course prior to performing those skills on patients” (CAATE, 2005). The WMU-ATEP’s structure provides training for ACIs as to what is expected of the undergraduate students in regards to what skills a student can and cannot perform during his or her clinical education rotation experiences. It is the WMU-ATEP’s position that no student be asked, expected, or considered able to perform competency or proficiency-based skills before such material has been presented within the designated ATEP course and evaluated by an Approved Clinical Instructor (ACI) (WMU-ATEP Athletic Training Student Policies and Procedures Manual – Appendix W, 2005). The ATEP students, faculty, and ACI staff are all required to read and sign the Appendix W, included in the WMU-ATEP Athletic Training Student Policies and Procedures Manual, which clearly states the limitations of skill performance on behalf of the student. Due to the WMU-
ATEP already having a policy in place covering the new CAATE Standard F3, the WMU-ATEP is compliant.

The requirement of students being officially enrolled in the clinical education portion of the ATEP provided a guideline as to what classes students must take and provided for a foundation or safe-guard for liability as to what Approved Clinical Instructors (ACIs) could expect the students to be able to perform on patients and athletes during the student’s clinical education rotation. The guidelines of the CAATE Standard F3 were evaluated as providing efficiency while adding to the professionalism of the ATEP and developing collegial relationships among stakeholders.

Further under Section F: Health and Safety, the guidelines for the CAATE Standard F4 were originally found in the interpretation of the previous CAAHEP Standard ID1g: Fair Practices and dealt with health and safety. The previous CAAHEP Standard ID1g called for the “the health and safety of patients, students, and faculty associated with the educational activities of the students shall be adequately safeguarded” (CAAHEP, 2001). The previous interpretation section of the CAAHEP Standard ID1g that further dealt with communicable disease health safeguards stated:

active communicable disease policies must be established for program students and personnel so that they do not expose patients and others to such diseases. Athletic training student files must contain documentation of their current communicable disease vaccination record and Hepatitis B vaccination status (ID1h). When appropriate and according to setting, student athlete/patient files should contain accurate and up-to-date medical history information and a current vaccination record. (CAAHEP Interpretation Manual, 2001)

The CAATE took the interpretation section dealing with communicable disease policy of the previous CAAHEP Standard ID1g and revised it into the CAATE Standard F4. The current CAATE Standard F4 states that “an active communicable disease policy
must be established, published in program documents that are accessible to current students, and enforced for ATEP students by program personnel” (CAATE, 2005).

It is the WMU-ATEP’s practice that a physical examination is required for all athletic training students enrolled in the ATEP. Record of the physical examination is at the health center, located on the campus of WMU, or at the office of the student’s personal physician. A Physician’s Verification form is required as part of an ATS’s official application and is filed in the athletic training student’s academic folder that is maintained by the Program Director. Also included in the athletic training student’s personal academic folder is a record of vaccinations and immunizations. An athletic training student that presents with an active communicable disease is managed confidentially and in compliance with the Health Insurance Portability and Accountability Act (HIPAA). If the health of an athletic training student poses a suspected risk to the student-athletes, the certified athletic trainers, faculty, or other students, such as being diagnosed with an infectious illness, the ATS will not be permitted to continue with clinical experiences or attend classes until verification is received that the ATS is no longer a risk to others (WMU Self-study, 2004; WMU-ATEP Student Policies and Procedures Manual, 2005).

As part of the WMU Technical Standards and WMU-ATEP Student Policies and Procedures Manual (2005), measures dealing with infectious and communicable diseases are in place to minimize the risk of injury or illness while an ATS is in the ATEP. The Technical Standards are included in the application materials for all students enrolled in the WMU-ATEP. The Technical Standards as well as the WMU-ATEP Student Policies and Procedures Manual are accessible for all students, faculty, and staff and are
supported by the WMU Student Code. Athletic training students sign the Technical Standards form as admission that each of them has read and understood the policies and procedures therein and the ATEP Program Director, Clinical Coordinator, and ATEP staff work together to enforce all aspects of the Technical Standards including that of which deals with infectious and communicable diseases. Because the WMU-ATEP has had such a policy dictated by the CAATE Standard F4 already in place, the ATEP may be considered compliant. By the CAATE taking the previous portion of the interpretation of the CAAHEP Standard ID1g dealing with communicable disease and naming the requirements to the CAATE Standard F4, the CAATE Standard F4 has been evaluated as producing efficiency and a higher level of professionalism by providing the desired effect of protecting both the athletic training student and the athlete or patient that the student is taking care.

The guidelines for electrical modalities and electrical safeguards in the CAATE Standard F5 were previously found within the interpretation of the former CAAHEP Standard ID1g as well. The interpretation section of the CAAHEP Standard ID1g covering electrical modalities and safeguards called for:

all equipment should undergo yearly inspections by appropriate personnel to ensure their safety in order to protect against harm due to malfunction. Safety inspections must be conducted on all therapeutic modalities, emergency care equipment, and protective equipment devices. Documentation of yearly inspections must be on file in the clinical setting or with an appropriate university official (e.g., physical plant supervisor). (CAAHEP Interpretation Manual, 2001)

The CAATE revised the modalities interpretation section of the CAAHEP Standard ID1g to form the CAATE Standard F5. The CAATE Standard F5 mandates that “electrical modalities and electrical safeguards (e.g., GFIs) must annually pass safety
inspections and be calibrated by a qualified technician at all clinical sites” (CAATE, 2005).

The review of the WMU’s ATEP in compliance with the CAATE Standard F5 was performed in association with structural, curricular, and financial resources. The electrical modalities and the ground-fault interrupts (GFIs) to which the modalities are plugged into as a power source, are stored in the facilities of the athletic training rooms and storage closets of the clinical education sites and classrooms. The modalities are used for instruction of various educational competencies and proficiencies within the ATEP curriculum. The cost to have the modalities and GFIs inspected on a yearly basis is a financial undertaking of both the clinical education site and the WMU-ATEP.

In compliance with the CAATE Standard F5, the WMU-ATEP requires that all the electrical modalities be maintained, updated, and inspected on a yearly basis. The WMU Department of Intercollegiate Athletics schedules and pays for all modalities located in their athletic training rooms to be inspected. In order to meet the requirements of the CAATE Standard F5, the WMU-ATEP had to schedule and pay for the inspection of all modalities they had recently purchased for use in the classroom settings. The affiliated sites, associated with the ATEP, schedule and pay for inspection of their own equipment based at their respective site.

The section of the CAATE Standard F5 associated with electrical safeguards (e.g., GFIs) is new. Though the WMU-ATEP has always been compliant with the inspection of the electrical modalities themselves, inspection of the power source, being the GFI, is new. The WMU utilizes individuals from the WMU Physical Plant to inspect and maintain all electrical outlets. Due to the new portion of the CAATE Standard associated
with GFIs, the WMU-ATEP needed to schedule yearly inspections of the GFIs to be performed by the WMU Physical Plant or associated maintenance division of the clinical affiliated sites in order to become completely compliant with the CAATE Standard F5.

The basic requirement of the CAATE Standard F5 were previously found within the interpretation section of the CAAHEP Standard ID1g; however, the requirements of GFIs is new in how the necessities are spelled out. The CAATE Standard F5 offers for a higher level of professionalism through an increase in professional practice and efficiency in expectations by protecting the health and welfare of those individuals receiving care from the athletic trainer and athletic training student.

*Structure of Maintaining Student Academic and Personal Information (Section G: Student Records)*

Primarily evaluated under structural resources and secondarily evaluated under curriculum resources is the new CAATE Sub-standards G1.1 through G1.10. Table 13 exhibits the new Sub-standards under the CAATE Standard G1 under Section G: Student Records.

The Sub-standards G1.1 through G1.10 are dictated by the CAATE Standard G1. The CAATE Standard G1 was found in the previous CAAHEP Standards and was designated as the CAAHEP Standard ID2: Student Records. The CAATE Standard G1 is not evaluated as a new or revised CAATE Standard, but the Sub-standards that are guided by Standard G1 are indicated as new Sub-standards.

The previous CAAHEP Standard ID2 required that “satisfactory records shall be maintained that documents student admission, matriculation, and evaluation. Grades and
Table 13

**Structural-related Standards Evaluated Under the CAATE Section G (CAATE, 2005)**

Defining requirements for the Sub-standards G1.1 through G1.10 under Section G, Standard G1 providing the guidelines and provisions for how student records are to be stored and the information that each student record must include.

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1.1: Completion of admission criteria</td>
<td>New</td>
<td>Structural</td>
</tr>
<tr>
<td>G1.2: Verification of all clinical experiences</td>
<td>New</td>
<td>Structural</td>
</tr>
<tr>
<td>G1.3: ATS and ACI/CI signed evaluations</td>
<td>New</td>
<td>Structural</td>
</tr>
<tr>
<td>G1.4: Completed proficiencies</td>
<td>New</td>
<td>Structural</td>
</tr>
<tr>
<td>G1.5: Signed technical standards</td>
<td>New</td>
<td>Structural</td>
</tr>
<tr>
<td>G1.6: Written document of signed PE &amp; immunizations</td>
<td>New</td>
<td>Structural</td>
</tr>
<tr>
<td>G1.7: Remediation/disciplinary actions</td>
<td>New</td>
<td>Structural</td>
</tr>
<tr>
<td>G1.8: Academic progress/grades</td>
<td>New</td>
<td>Structural</td>
</tr>
<tr>
<td>G1.9: Verification of CPR, AED, first aid</td>
<td>New</td>
<td>Structural</td>
</tr>
<tr>
<td>G1.10: Annual BBP training</td>
<td>New</td>
<td>Structural</td>
</tr>
</tbody>
</table>

credit for courses shall be recorded on the student transcript and permanently maintained by the sponsoring institution in a safe and accessible location" (2001 CAAHEP Accreditation Standards and Guidelines, 2001). The CAATE took the requirements of the CAAHEP Standard and devised the CAATE Standard G1. Standard G1 and the new Sub-sections Standards require that student records must be maintained in a secure location(s), be accessible to only designated program personnel, and document the following [G1]: evidence of completion of published admission criteria [G1.1], verification of all completed
clinical experiences [G1.2], student and ACI/CI signed clinical experience evaluations [G1.3], completed clinical competencies and proficiencies including skill/technique acquisition and learning over time evaluations [G1.4], completed and signed technical standards [G1.5], written documentation of a physical examination, including immunizations, by a MD/DO, NP, or PA [G1.6], remediation and disciplinary actions [G1.7], appropriate academic progress (e.g., grade tracking/completion forms, advisement forms) [G1.8], written documentation of current first aid, CPR, and AED training consistent with the Athletic Training Educational Competencies, and [G1.9] written documentation of annual blood-borne pathogen training [G1.10]. (CATE, 2005)

The Program Director maintains an academic file on each athletic training student which contains all of the necessary information listed under Standard G1 that is integral to the knowledge, skill, and health and well-being of the ATEP students. The files on each student are placed into a file drawer that is accessible only by the Program Director and ATEP Clinical Coordinator. Within each student’s record is a check sheet demonstrating compliance with all necessary student information mandated by the Standard G1 and all underlying Sub-standards. The application procedure, the program admission, and the retention criteria are found in the Academic Catalog and the undergraduate Athletic Training Student Policies and Procedures Manual.

Within each student’s file is the completed application packet that is provided to students by the Program Director. Within the application packet are the complete admission criteria and directions for completing the application.

Completion of the admission’s criteria packet includes an application form, two letters of recommendation, clinical experience verification hours forms, clinical experience evaluations, an essay, signed Technical Standards Form, signed Curriculum and Clinical Education Guidelines Policy, a Physician Verification/Medical Clearance Form documenting a completed physical examination, including immunizations,
performed by a physician, nurse practitioner or physician’s assistant, an HbV Declination Form, copy of any Exposure Incident Forms, verification of Physical or Learning Disabilities if applicable, and an official Advising Sheet.

Once students are officially accepted into the ATEP, documentation of the athletic training students’ clinical proficiencies and the performance evaluations is maintained by the Clinical Coordinator as demonstration of skill and technique acquisition and learning over time through the WMU-ATEP’s Mastery Pathway Model. Upon graduation, the completed Competency and Proficiency evaluation forms are combined with each student’s individual academic file.

If a student is found to be noncompliant with any policies and procedures outlined in the Athletic Training Student Policies and Procedures Manual or WMU Student Code, the student will receive an Appendix X: Disciplinary Action Explanation. Any Appendix X is reviewed with the student and is placed in their permanent file as proof of remediation and disciplinary action. In addition, students must provide a copy of their individual Professional Rescuer Certification each year. A copy of this certification is placed into their file. Finally, official documentation of each student’s attendance to the yearly blood-borne pathogen and OSHA training is provided by the Environmental Health and Safety Department of WMU and is placed into each student’s official academic file.

Upon successful graduation from the WMU-ATEP, each student’s academic file is reviewed for completion. Each student’s completed academic file is then archived by the Program Director in a secured location on the fourth floor of the Student Recreation Center.
In order to become compliant with the new CAATE Sub-standards G1.1 through G1.10, the WMU-ATEP evaluated what each student’s academic file previously held in accordance to what the new CAATE Sub-standards called for. The only necessary change made was the Program Director made individual copies of blood-borne pathogen training attendance instead of a group attendance record, and placed individual copies within each student’s academic file. With the change made according to the new CAATE Sub-standard G1.10, the WMU-ATEP became compliant with all Sub-standards under Standard G1 of Section G.

The previous CAAHEP Standard ID2 was very generic in its requirements. The new CAATE Sub-Standards G1.1 through G1.10 provides specific requirements for what must be included in each individual student record and how records of students are to be stored. There is no need for interpretation of Standard G1 and its underlying Sub-standards; upon evaluation, an ATEP will be able to assess whether the ATEP has met the conditions or it has not and make the accommodations necessary to become compliant. The CAATE Standard G1 and underlying Sub-standards lend to efficiency of the ATEP and the requirements of the Accreditation Standards.

*Structure of Evaluative and Assessment Procedures (Section H: Outcomes)*

The CAATE Standard H2, its underlying Sub-standards and Sub-section Standards serve the purpose of outlining program evaluation and assessment needs or outcomes. Sub-section Standards H2.12, H2.13, H2.14, H2.21, H2.22, H2.23, and H2.24, all under the CAATE Standard H2, can be evaluated under structure and curriculum because of the Sub-section Standards effect on the policies and procedures of how the
assessment is performed and the structural and curriculum areas that the individual assessments effect; the findings are presented in this section to prevent redundancy. The CAATE Standard H2 and the Sub-section Standards were previously found within the CAAHEP Section IE: Program Evaluation, its Standards and underlying interpretation sections. The new CAATE Standard H3 mandates the provisions for instructional effectiveness at distance education sites. Table 14 presents the evaluated Standards, Sub-standards, and Sub-section Standards under the CAATE Section H: Outcomes.

Table 14

**Structural-related Standards Evaluated Under the CAATE Section H (CAATE, 2005)**

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>H2: Master assessment plan to evaluate:</td>
<td>Interpretation</td>
<td>Structural and Curriculum</td>
</tr>
<tr>
<td>H2.12: Effectiveness of learning</td>
<td>See also IE2</td>
<td>Structural and Curriculum</td>
</tr>
<tr>
<td>H2.13: Quality didactic instruction</td>
<td>Interpretation</td>
<td>Structural and Curriculum</td>
</tr>
<tr>
<td>H2.14: Quality clinical instruction</td>
<td>Interpretation</td>
<td>Structural and Curriculum</td>
</tr>
<tr>
<td>H2.21: Achievement of educational mission</td>
<td>Interpretation</td>
<td>Structural and Curriculum</td>
</tr>
<tr>
<td>H2.22: Effectiveness of learning</td>
<td>Interpretation</td>
<td>Structural and Curriculum</td>
</tr>
<tr>
<td>H2.23: Quality didactic instruction</td>
<td>Interpretation</td>
<td>Structural and Curriculum</td>
</tr>
<tr>
<td>H2.24: Quality clinical instruction</td>
<td>Interpretation</td>
<td>Structural and Curriculum</td>
</tr>
<tr>
<td>H2.3: The program must document an ongoing plan for obtaining the outcome data delineated in H2.2</td>
<td>New</td>
<td>Structural</td>
</tr>
<tr>
<td>H3: DE instructional effectiveness</td>
<td>New</td>
<td>Structural</td>
</tr>
</tbody>
</table>
The CAATE Standard H2 is linked to the previous interpretation section of the CAAHEP Standard IE2a: Results of Ongoing Program Evaluation. The previous CAAHEP Standard IE2a stated that “the program shall document outcomes related to the identified educational goals and objectives as determined by the program” (2001 CAAHEP Accreditation Standards and Guidelines, 2001). The interpretation of the CAAHEP Standard IE2a required that “the program must plan for, monitor, and regularly assess outcomes related to the program…” (CAAHEP Interpretation Manual, 2001). The CAATE Standard H2 requires that:

there must be a comprehensive (master) assessment plan to evaluate all aspects of the educational program. Assessments used for this purpose may include, but are not limited to, clinical site evaluations, clinical instructor evaluations, completed clinical proficiency evaluations, academic course performance, employer and/or alumni surveys, senior exit evaluations, and BOC examination passing rates. (CAATE, 2005)

The CAATE Sub-section Standard H2.12 is linked to the previous CAAHEP Standard IE1a with the instruction to also see CAAHEP Standard IE2. Additionally, the CAATE Sub-section Standards H2.13, H2.14, H2.21, H2.22, H2.23, and H2.24 are also linked to the previous CAAHEP Standard IE2. The purpose of the previous CAAHEP Standard IE1a was to review outcomes and states that “the program shall document instructional effectiveness (2001 CAAHEP Accreditation Standards and Guidelines, 2001). The previous CAAHEP Standard IE2 serves the purpose of reviewing results of ongoing program evaluation and mandates that the “the results of ongoing evaluation shall be used to evaluate program effectiveness and to implement appropriate changes for the purpose of improving student achievement” (CAAHEP Interpretation Manual, 2001).
The underlying Sub-section Standards H2.12, H2.13, and H2.14 are guided by the CAATE Standard H2.1, a Sub-standard of the CAATE Standard H2. The Sub-standard H2.1 and the underlying Sub-section Standards H2.12, H2.13, and H2.14 state, “the evaluation plan must include, minimally, assessments that are designed to evaluate [H2.1]: effectiveness of learning [H2.12], quality of didactic instruction [H2.13], and quality of clinical instruction [H2.14]” (CAATE, 2005).

The underlying Sub-section Standards H2.21, H2.22, H2.23, and H2.24 are guided by the CAATE Standard H2.2, the second Sub-standard of the CAATE Standard H2. The Sub-standard H2.2 and underlying Sub-section Standards H2.21, H2.22, H2.23, and H2.24 state, “the ATEP must provide data that demonstrates effectiveness as related to [H2.2]: achievement of the programs educational mission and goals [H2.21], effectiveness of learning [H2.22], quality of didactic instruction [H2.23], and quality of clinical instruction [H2.24]” (CAATE, 2005).

The goals and objectives of the WMU-ATEP are found in the undergraduate WMU-ATEP Athletic Training Student Policies and Procedures Manual (2005). Students are initially presented with the WMU-ATEP goals and objectives in the HPER 1530: Introduction to Athletic Training course. The synopsis of the educational missions and goals of the ATEP is dedication to provide a quality education to the athletic training student in a diverse academic and clinical environment through classroom instruction, clinical supervision, and objective assessment and advising, which prepares students for a professional career as an entry-level athletic trainer and is consistent with the ideals of the NATA Code of Professional Ethics (WMU-ATEP Athletic Training Student Policies and Procedures Manual, 2005).
The most commonly used assessment tools that measure outcomes include: ACI and clinical instructor (CI) evaluations; athletic training student performance evaluations for observation, pre-professional, and professional level students; a two-part educational and clinical site evaluation; two-part exit survey on the ATEP curriculum and overall clinical education sites performed by graduating ATSs; course instructor evaluations performed each semester; alumni and employer satisfaction surveys; Professional Student Mentor Review and Goals evaluation; Mastery Pathway model of evaluation of clinical competencies and proficiencies; semester-by-semester grade and transcript evaluation to ensure student maintenance of an overall grade-point average (GPA) of 2.5 or better and GPA of a minimum of 2.0 in all required courses; and email correspondence with graduates regarding pass rates of the Board of Certification (BOC) exam followed up by notification of pass rates sent by the BOC.

All of the evaluations designed for and utilized by the WMU-ATEP meet the requirements for evaluating the ATEP and thus meet the requirements for compliancy with the CAATE Sub-standard H2.1 and Sub-section Standards H2.12, H2.13, and H2.14.

In order to become compliant with the second Sub-standard H2.2 of the CAATE Standard H2 and the underlying Sub-section Standards H2.21, H2.22, H2.23, and H2.24, the results of all evaluations are tabulated, for the purpose of providing data, and reviewed by the Program Director and Clinical Coordinator. Based upon the results of the evaluations and compared against the ATEP missions and goals, necessary changes are made to the ATEP in order to meet the overall goal of providing a quality education. In order to support the findings of the evaluation, ATEP students and the Program Director
and Clinical Coordinator meet on a regular basis to discuss evaluation of the ATEP and their own individual level of achievement within the ATEP. Additionally, at the beginning of each academic year during the HPER Faculty Retreat, the Program Director for each major is asked to submit the previous years accomplishments based on the department and program goals and missions. Also during the retreat, the Program Director is asked to project the goals for the upcoming academic year.

Data that demonstrate effectiveness of achievement of educational missions, goals, learning, and quality of didactic and clinical instruction are collected during and after each fall and spring academic semester and utilized accordingly to make administrative, structural, and curricular changes. The collection of these data is ongoing but demonstrates compliancy with the CAATE Sub-standard H2.2 and the underlying Sub-section Standards H2.21, H2.22, H2.23, and H2.24.

The last Sub-standard H2.3 under the CAATE Standard H2 is new. Sub-standard H2.3 requires that “the program must document an ongoing plan for obtaining the outcome data delineated in [CAATE Standard] H2.2” (CAATE, 2005). The policies and procedures for the analysis of program evaluation and the development and utilization of program goals and objectives are done by performing semester reviews of the faculty and course evaluations, bi-semester ACIs and clinical instructors evaluations, graduate exit interviews, and semester clinical education site evaluations (WMU Self-study, 2004). The WMU-ATEP provides documentation and instruction of when data are collected through the WMU-ATEP Athletic Training Student Policies and Procedures Manual. The plan for data collection through various assessment and evaluation sources is already in place
according to the ATEP structure; therefore, the WMU-ATEP is compliant with the CAATE Sub-standard H2.3.

The requirements for the CAATE Standard H2, underlying Sub-standards, and Sub-section Standards provide for a more comprehensive protocol for ATEP active and ongoing assessment and evaluation of effectiveness. The provisions provide for flexibility in the way that the ATEP has the autonomy to decide how to assess their ATEP, but provides structure and efficiency in the areas that must be covered in the assessment.

The last new CAATE Standard under Section H is Standard H3. The CAATE Standard H3 was evaluated according to the ATEP’s structure in presenting its curriculum and utilization of educational sites. The Standard H3 states that:

programs that include distance education (i.e., online learning), or remote education components, must provide documentation of instructional effectiveness of any distance education or off-campus educational components in relation to the overall program and its impact on all students of the program of both on and off-site locations. (CAATE, 2005)

Distance or remote education is defined by the CAATE Standards, within the Athletic Training Standards Glossary, as

classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution and students at that institution and additional locations. Instruction may be via the internet, telecommunication, video link, or other electronic media. Distance education does not include clinical education or the participation in clinical experiences. (CAATE, 2005)

The structure of WMU-ATEP does not include the utilization of distance or remote education sites for curriculum instruction purposes. The WMU-ATEP is therefore compliant with the new CAATE Standard H3.

Though the new CAATE Standard H3 is not relevant to the WMU at the time of the evaluation, it does promote professionalism through mandating that any instructional
opportunities offered at distance or remote education sites must be evaluated for instructional effectiveness as it relates to the overall ATEP.

Curricular and Instructional Structure Guidelines (Section I: Curriculum and Instruction)

The CAATE Standard II and its Sub-Standards II.1, II.2, and II.3 are being evaluated as to the resources that are required to meet this Standard and underlying Sub-standards according to the structure of the ATEP in delivering its curriculum. Table 15 presents the requirements for Standard II and underlying Sub-standards.

Table 15

Structural-related Standards and Sub-standards Evaluated Under the CAATE Section I (CAATE, 2005)

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>II: Description of the Program must be a major/graduate equivalent in AT. Major must be:</td>
<td>Change: Compare to institution, not Department</td>
<td>Structural</td>
</tr>
<tr>
<td>II.1: Consistent with other majors on campus</td>
<td>Interpretation</td>
<td>Structural</td>
</tr>
<tr>
<td>II.2: Identified as AT major in publications</td>
<td>Interpretation</td>
<td>Structural</td>
</tr>
<tr>
<td>II.3: On official transcripts</td>
<td>Interpretation</td>
<td>Structural</td>
</tr>
</tbody>
</table>

Standard II and its Sub-Standards II.1, II.2, and II.3 were developed from the previous CAAHEP Standard IIA1a and its interpretation. The former CAAHEP Standard IIA1a: Description of the Program mandated that "the athletic training curriculum shall be
an undergraduate academic major or graduate degree program in athletic training as defined by the sponsoring institution. The institution and institutional governing body requirements for a major shall be met” (CAAHEP, 2001). The interpretation of the CAAHEP Standard IIA1a that is directly associated with the undergraduate major and is related with the CAATE Standard II and its Sub-Standards II.1, II.2, and II.3 states:

the academic major must be comparable to other major programs offered within the department or division. A minor does not meet this standard. The major or graduate program will be verifiable through the curriculum listing in institutional academic publications and on the official transcript of the student as is normally designated for other majors in the institution. In the event that a “major” is designated within a general domain such as a Bachelor of Science in Allied Health and it contains a common core to several disciplines; and there is a “concentration area” that designates the actual discipline of Athletic Training; this is acceptable providing it is normal institutional protocol in academic departments. This must not be the case only for the one department specific to where the Athletic Training major is housed. (CAAHEP Standards and Guidelines Interpretation Manual, 2001)

The CAATE Standard II and Sub-standards, under Section I, provide the guidelines that the athletic training education program must be an undergraduate or graduate program that offers a major or graduate equivalent in athletic training.

The undergraduate major or graduate major equivalent must be [II]: consistent with other majors offered within the institution[II.1], identified as an academic athletic training major program in institutional academic publications [II.2], and indicated on the official transcript of the student as is normally designated for other undergraduate majors or graduate major equivalents at the institution [II.3]. (CAATE, 2005)

The CAATE Standard II is a specific change as compared to the CAAHEP predecessor Standard IIA1a. The CAATE Standard II now mandates that the major must be consistent with other majors offered within the institution rather than consistent with those offered within the same academic department. The WMU-ATEP meets the institutional requirement for providing a Professional Program which requires 122 credits
for graduation, as is the case for any program offered at the University. Additionally, a student majoring in a Professional Program does not require a minor.

According to the Registrar’s office and material that was submitted in the previous self-study for accreditation, WMU offers an entry-level professional program leading to a Bachelor of Science degree in Athletic Training (WMU Self-study, 2004). The major code is listed as E-BS-ATDJ which translates to Bachelor of Science in Athletic Training. It is the practice of WMU to only list the degree awarded on the diploma (i.e., Bachelor of Science) and not the major or minor. The transcript does list the major as well as the degree awarded (S. Henker, personal communication, October 1, 2007). The degree information regarding athletic training is provided for in the Academic Catalog, University website, and all distributed information.

The WMU-ATEP took the preliminary steps to become compliant with the initial CAAHEP Standard IIA1a and, due to this, the transition to the CAATE Standard II and Sub-standards allowed it to meet the requirements without any changes being necessary; therefore, the WMU-ATEP is compliant with the CAATE Standard II and Sub-Standards I1.1, I1.2, and I1.3.

The CAATE Standard II and underlying Sub-standards were constructed from the requirements of the previous CAAHEP Standard IIA1a and its interpretation. By the CAATE taking the interpretation section of the previous CAAHEP Standard and assigning the requirements as a specific Standard and supporting Sub-standards, the area providing for a clear description of the ATEP in regards to the major has been determined as being more directly consistent and providing for efficiency in that the Standard and
Sub-standards now state exactly what is necessary and the requirements are now clearly defined, taking out the possibility of misinterpretation.

*Clinical Education Guidelines Structure (Section J: Clinical Education)*

The CAATE Sub-standard J1.3 and Standards J4, J5, and J6 are associated with clinical education under Section J. Table 16 exhibits the requirements for the Sub-standard J1.3 and three Standards J4 through J6. For the purpose of this section’s evaluation under Structural Resources, the results of evaluation of Sub-standard J1.3, J5 and J6 will be presented; Standard J4 is evaluated under Curriculum Resources.

Table 16

*Structural-related Standards Evaluated Under the CAATE Section J (CAATE, 2005)*

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>J1.3: Regular/planned communication w/ATEP</td>
<td>Interpretation</td>
<td>Structural and Curriculum</td>
</tr>
<tr>
<td>J4: Opportunity for different populations</td>
<td>Interpretation</td>
<td>Curriculum and Structural</td>
</tr>
<tr>
<td>J5: ATEP annual/planned visits to clinical sites</td>
<td>New</td>
<td>Structural</td>
</tr>
<tr>
<td>J6: Minimum of 75% of CE under ATC who is ACI/CI</td>
<td>ACI/CI designation and time requirement new</td>
<td>Structural and Curriculum</td>
</tr>
</tbody>
</table>

The CAATE Standard J1 states, "the athletic training curriculum must include provision for clinical experiences under the direct supervision of a qualified ACI or CI (see Section B) in an appropriate clinical setting" (CAATE, 2005). The CAATE Standard J1 is not new and not evaluated for the purpose of this study; however, the Sub-standard
J1.3 of the CAATE Standard J1 was previously found within the section of the interpretation of the CAAHEP Standard IIA1e and has now been derived into a separate CAATE Sub-standard.

The CAAHEP Standard IIA1e provided that "the athletic training curriculum shall include provision for clinical experiences under the direct supervision of a qualified clinical instructor or ACI (see Section I, B, 1,b [sic]) in an appropriate clinical setting" (2001 CAAHEP Accreditation Standards and Guidelines, 2001). The section of the CAAHEP interpretation that guided the formation of the CAATE Sub-standard J1.3 calls for "close cooperation between the Program Director and the clinical instruction staff will be necessary for effective planning and implementation of student clinical experiences" (CAAHEP Interpretation Manual, 2001). The CAAHEP interpretation was revised to form the CAATE Sub-standard J1.3. Sub-standard J1.3 simply states "there must be regular planned communication between the ATEP and the ACI or CI" (CAATE, 2005).

Previously, the Program Director would set up a beginning-of-the-semester meeting with ACIs and CIs for the fall and spring semester. Between the times of the semester meetings, the Program Director would rely on phone calls, email correspondence, and site visits, performed by the Program Director or Clinical Coordinator. In order to meet the guidelines of the CAATE Sub-standard J1.3, and increase communication between the ATEP and ACIs and CIs, the Program Director schedules a general meeting in the fall with all the ACIs and CIs, followed by monthly scheduled meetings and a final meeting at the end of the academic school year in April. In addition, the Clinical Coordinator makes regularly scheduled visits to the clinical sites every week to check on student participation and clinical education and rotation issues.
Additionally, both the Program Director and Clinical Coordinator are available through the use of phone calls and emails. Due to the institution of the additional monthly meetings, site visits and use of technology for communication, the WMU-ATEP has become compliant with the CAATE Sub-standard J1.3.

The structure of the WMU-ATEP is to utilize clinical education sites for student clinical rotations to practice and become proficient in the competencies that are instructed in the ATEP curriculum. The evaluation of the CAATE Sub-standard J1.3 was performed under a review of both structural and curriculum resources that are necessary in order to become compliant. The evaluation of the Sub-standard J1.3 resulted in the finding that the CAATE Sub-standard is more flexible because the requirements were simplified in relation to the previous interpretation of the CAAHEP Standard. The solid implementation of the Sub-standard J1.3 also worked to influence collegial relationships because it effectively increased communication between the ATEP and ACIs and CIs.

The new CAATE Standard J5 mandates that “all clinical education sites where students are gaining clinical experience must be evaluated by the ATEP on an annual and planned basis” (CAATE, 2005). No additional changes were necessary to make in order to become compliant with the new CAATE Standard. As part of the Job Description for the WMU-ATEP Program Director and Clinical Coordinator, the two individuals work together to coordinate the clinical education rotations for ATSs in the areas of upper extremity, lower extremity, equipment intensive, and general medical gender specific experiences. The Program Director and Clinical Coordinator work together to develop and supervise ATS rotations by visiting the clinical education sites on a weekly basis.
Additionally, the two ATEP administrators review and inspect the sites and agreement with on-campus and affiliated sites at the beginning of each fall semester.

The new CAATE Standard J5 under Section J promotes collegial relationships and professionalism. The visits to the clinical education sites provided for an increase in communication between the ATEP administrators and the ACIs and CIs as well, promoting professional standards which has been assumed to be due to the expectation of sites and individuals being evaluated.

The last CAATE Standard under Section J is J6 and is evaluated according to the structure of the ATEP and how Standard J6 applies to the ATEP curriculum. The requirements for Standard J6 were taken from the CAAHEP Standard II A1f: Description of the Program. The CAAHEP Standard required that:

- a minimum period of two academic years of clinical experience associated with course credit shall be obtained. Courses shall include objective criteria for successful completion. The clinical setting shall include the athletic training room(s), athletic practices, and competitive events for a minimum of one of the two academic years under the direct supervision of a Certified Athletic Trainer. There shall be exposure to upper extremity, lower extremity, equipment intensive, and general medical experiences of both genders. (2001 CAAHEP Accreditation Standards and Guidelines, 2001)

The CAATE Standard J6 curtailed the CAAHEP requirements and commands that “at least 75% of the student’s clinical experiences must occur under the direct supervision of an ACI or CI who is an ATC®” (CAATE, 2005).

The WMU-ATEP meets all of the requirements presented in the CAATE Standard J6 with no changes necessary. The supervision of the athletic training students involves daily personal and verbal contact at the clinical sites by ACIs. All of the clinical education sites are supervised by a minimum of one ACI. It is the policy of the WMU-
ATEP that the primary and affiliated sites provide ACIs to give constant supervision to the athletic training students. Each athletic training student is assigned to a clinical instructor who maintains constant personal and verbal contact during the clinical experience. Approved Clinical Instructors are responsible for the supervision and the evaluation of the professional athletic training student proficiencies, even when the athletic training student is supervised primarily by a clinical instructor. There are times when athletic training students will gain experience independent of a clinical instructor. This may include practices and games away from Western Michigan University when traveling with a team away from the visual and verbal contact of a clinical instructor. During this time, the athletic training students are not permitted to document this as formal clinical experience but rather as a service to the Department of Medical Services or to other approved affiliated sites as a first responder (WMU Self-study, 2004).

The CAATE Standard J6 supports efficiency by providing direct requirements for exactly how much of an ATEP’s students’ clinical education experience should take place under an ACI or CI who also meets the requirements of being a Certified Athletic Trainer (ATC). The provision for percentage of clinical experience also increases levels of professionalism due to the student obtaining 75% of his or her clinical education experience directly under an individual who works in the profession and may prepare the student for his or her own future involvement as an ATC.

Curricular Resources Evaluated

For the purpose of this case study, curricular resources considered in the evaluation process were identified from the Sections of the 2005 CAATE Standards and
Sub-standards outlining the requirements in the areas of: the program director’s responsibilities involving curriculum planning and equitable distribution of educational opportunities; identified areas of ACI and CI training; involvement of medical and health personnel in curricular instruction; learning and instructional resources; evaluation of equipment for curricular instruction; library materials; liability insurance for students enrolled in curriculum courses; health and safety issues involved with curriculum delivery; identified areas of curriculum, syllabi, instruction, and outcome issues; and clinical education.

Curricular Personnel Needs, Responsibilities and Qualifications (B3: Clinical Faculty and Staff)

Sub-section B3, under Section B of the CAATE Standards presents the requirements for the training of ACIs and involvement of physicians and other allied health care providers within the ATEP curriculum. Table 17 presents the requirements for the Sub-standard B3.24, 10 underlying Sub-section Standards B3.241 through B3.249, and Sub-standard B3.25, B3.61 and B3.62 under Sub-section B3.

Sub-standard B3.24, under the CAATE Standard B3.2: Approved Clinical Instructor (ACI) Qualifications, is related to the areas to be included in the training of ACIs (CAATE, 2005). All 10 Sub-section Standards, B3.241 through B3.249, under Sub-standard B3.24, and Sub-standards B3.61 and B3.62 were evaluated under curriculum and Sub-standard B3.25 was evaluated under both structural and curricular resources. The results of Sub-standard B3.25 were presented under the Structural Resource section.
Table 17

Curricular-related Standards Evaluated Under the CAATE Section B, Sub-section B3 (CAATE, 2005)

Under Sub-section B3, the defining requirements for Sub-standard B3.24 and 10 underlying Sub-section Standards B3.241 through B3.249 and Sub-standard B3.25 provide the requirements for ACI training content areas and training schedule, and Sub-standards B3.61 and B3.62 provide the necessities for the involvement of physicians and health-care providers within the ATEP curriculum.

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3.24: ACI training includes:</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>B3.241: Learning styles/instruction skills</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>B3.242: Review of NATA Competency</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>B3.243: Evaluation of student performance</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>B3.244: Supervision/mentoring</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>B3.245: Policy/procedures</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>B3.246: Legal/ethical behaviors</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>B3.247: Communication skills</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>B3.248: Interpersonal relationships</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>B3.249: Clinical skills/knowledge</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>B3.25: 3 year re-training cycle for ACIs</td>
<td>New</td>
<td>Structural and Curriculum</td>
</tr>
<tr>
<td>B3.61: 2 physicians (MD/DO) instruction</td>
<td>New – better defined</td>
<td>Curriculum</td>
</tr>
<tr>
<td>B3.62: 2 different allied health instruction</td>
<td>New – better defined</td>
<td>Curriculum</td>
</tr>
</tbody>
</table>

According to the new CAATE Sub-section Standards B3.241 through B3.249 provided under Sub-standard B3.24, training of ACIs must include content in the following areas:
learning styles and instructional skills [B3.241], review of the Athletic Training Educational Competencies [B3.242], evaluation of student performance and feedback [B3.243], instructional skills of supervision, mentoring, and administration [B3.244], program/institution-specific policies, procedures, and clinical education requirements [B3.245], legal and ethical behaviors [B3.246], communication skills [B3.247], appropriate interpersonal relationships [B3.248], and appropriate clinical skills and knowledge [B3.249]. (CAATE, 2005)

The ACI training provided to all recognized WMU ACIs is a minimum of 5 hours in length and encompasses several sections and modules covering: an introduction providing the purpose of the training; definition of terms used; Module 1: Perspectives in clinical education; Module 2: Learning over time: Review of the Athletic Training Education Competencies; Module 3: Learning styles and clinical education; Module 4: Teaching styles; Module 5: Effective ACI and teaching methods; Module 6: Selection of ACIs and clinical education settings and sites; Module 7: Evaluation methods; Module 8: challenges of clinical education; questions and answers.

The WMU-ATEP provides all aspects outlined in Sub-standard B3.24 of ACI training. Module 1, covering the Perspectives in Clinical Education, provides the information delineated in Sub-section Standard B3.245, providing specific program and institution policies, procedures, and clinical education requirements (CAATE, 2005). Module 2, Learning Over Time, provides ACIs with the training covering Sub-section Standard B3.242, review of the Athletic Training Educational Competencies and more information regarding Sub-section Standard B3.245 and the specific program and institution policies, procedures, and clinical education requirements (CAATE, 2005). Module 3, Learning Styles and Clinical Education, imparts training covering Sub-section Standard B3.241, in which attendees receive training on the varying students' learning styles, how the students react best to certain methods of instruction, and how the ACI can
meet the needs of the students by administering different instructional skills and in what situations these skills will work best (CAATE, 2005). Module 4, entitled *Teaching Styles: Where Theory Meets Practice*, complies with Sub-section Standard B3.249 and trains the ACI on the clinical skills and knowledge that are expected of both the ACI and student to possess (CAATE, 2005). Module 5, providing *The Effective ACI and Teaching Methods*, presents ACIs with training covering two Sub-section Standards: Sub-section Standard B3.244 providing the necessities for instructional skills of supervision, mentoring, and administration; and Sub-section Standard B3.247 covering communication skills (CAATE, 2005). Module 6, *Selection of ACIs and Clinical Education Settings and Sites*, trains ACIs on what is expected and enforced within the WMU-ATEP regarding the legal and ethical behaviors covered in Sub-section Standard B3.246 (CAATE, 2005).

*Evaluation Methods* are covered in Module 7 and complies with Sub-section Standard B3.243 providing for the ACI to evaluate student performance and supply appropriate feedback (CAATE, 2005). In Module 8, the *Challenges of Clinical Education*, Sub-section Standard B3.248 is covered with training in appropriate interpersonal relationships and continues with training in communication skills, in order to complete the information called for in Sub-section Standard B3.247 (CAATE, 2005).

The retraining of the initial 11 ACIs that were trained on August 3, 2004 took place August 1, 2007 and therefore the WMU-ATEP is compliant with the new Sub-standard B3.25, which mandates that ATEP ACIs must be trained and then retrained on a minimum of a 3-year cycle (CAATE, 2005).

Sub-standard B3.24 and the Sub-section Standards B3.241 through B3.249 promote efficiency in providing the specific areas that must be included in ACI training.
thus producing the desired result of a well-trained ACI. Additionally, the Sub-standard B3.24 and 10 underlying Sub-section Standards B3.241 through B3.249 promote the development of collegial relationships through the training period and development of professionalism because both the ATEP administrators and the trained ACIs understand the responsibilities and expectations of all individuals involved in the ATEP, that ATEP knows what they must train ACIs on and promotes accountability because everyone now understands the role that their position plays in promoting a successful program. It should also be noted that the Sub-standard B3.24 and supporting Sub-section Standards do allow for flexibility. Although the requirements are provided for the individual ATEP as to what information must be covered during training periods, the Sub-standard and Sub-section Standards do not mandate how an ATEP must conduct the training of the ACIs.

The Sub-standard B3.25 also promotes a higher level of professionalism and the building of collegial relationships. Sub-standard B3.25 mandates the training and retraining of ACIs that the ATEP utilizes; therefore, it continues to keep the ACIs competent and informed of expectations of the ATEP and keeps the individuals involved with the ATEP.

Standard B3.6 of the CAATE Standards outlines the guidelines dealing with “medical and other health care personnel” (CAATE, 2005). Standard B3.6 requires that “there must be involvement of various medical and other health care personnel in formal classroom settings on a planned, annual, and continuing basis” (CAATE, 2005). Sub-standards B3.61 and B3.62, under Standard B3.6, have been categorized as new in that they are better defined to state that “a minimum of two physicians (MD, DO) with differing specialties must participate in formal, scheduled classroom instruction that is a
component of a required course(s) [B3.61] (CAATE, 2005). Sub-standard B3.62 goes on to state that:

a minimum of two allied health care professionals other than physicians, with differing specialties, with professional credentials other than, or in addition to, Certified Athletic Trainer must participate in formal, scheduled classroom instruction that is a component of a required course(s). (CAATE, 2005)

In order to be compliant with Sub-standard B3.61, the WMU-ATEP utilizes Dr. Robert Baker, the Medical Director for the undergraduate ATEP, as a WMU team physician and adjunct instructor within the ATEP curriculum. Dr. Baker is the instructor for HPER 2540: Medical Conditions in Athletic Training. The course, HPER 2540: Medical Conditions, covers much of the general medical content area, and in conjunction with other ATEP curriculum courses, provides an ideal forum to introduce the athletic training students to health care professionals while incorporating their area of expertise into the course content through the use of lecture, demonstration, and performance of practical skills. In addition, HPER 2540 requires the students to accompany Dr. Baker, and his yearly assigned medical resident, through patient rounds and examinations on a weekly basis as part of their general medical clinical education experiences.

In addition to Dr. Baker’s involvement with the undergraduate program, Drs. Terry Nelson and Quinter Burnett interact with the athletic training students on a regular basis through each student’s clinical education rotation, specifically tied to an introductory course assignment and the 4000-level professional program fieldwork courses (WMU Self-study, 2004). With involvement of these individuals, the WMU-ATEP is compliant with Sub-standard B3.61.
The WMU-ATEP has access to many medical and allied health professionals within the surrounding medical community. The involvement of these individuals with the undergraduate ATEP provides the students with different perspectives, contact, and experience that serve to be invaluable in their education and provide for the undergraduate ATEP to be compliant with Sub-standard B3.62. These individuals include physical therapists, nurse practitioners, medical and osteopathic physicians, registered dieticians, and registered nurses. These allied health professionals are scheduled each semester to make presentations to several courses within the undergraduate curriculum. In addition to this, students are required to perform research regarding other allied health professionals and present their findings to all ATEP students. This coursework associated assignment necessitates that the students communicate with allied health professionals that are recognized by the both the American Medical Association (AMA) and the American Osteopathic Association (AOA). In addition, students attend presentations, conferences, and symposiums that regularly expose them to a multitude of allied health professionals.

The two new CAATE Sub-standards B3.61 and B3.62 under Standard B3.6 provide for a higher level of efficiency in delivering different views from other allied health care providers and improving the ATEP curriculum. The new Sub-standards are more specific to the number of physician involvement and health care providers that must be included in curriculum instruction. The involvement of other allied health care providers within the ATEP curriculum also works to develop collegial relationships within the ATEP and throughout the community as well as increasing professionalism through the invitation of involving other professionals with curriculum instruction.
Curricular Facility Needs (Section D: Physical Resources)

The CAATE has assigned the requirements for Physical Resources under Section D. Table 18 presents the new Standards under Sub-section D2.

Table 18

Curricular-related Standards Evaluated Under the CAATE Section D, Sub-sections D2, D4, and D5 (CAATE, 2005)

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2.2: Aids available for practice/instruction</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>D2.3: Remote sites have comparable aids</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>D2.4: Educational technology comparable at remote sites</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>D4.2: Appropriate equipment for site EAP is available</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>D4.3: DE has comparable, accessible equipment</td>
<td>New</td>
<td>Structural and Curriculum</td>
</tr>
<tr>
<td>D5.2: DE has comparable, accessible material</td>
<td>New</td>
<td>Curriculum</td>
</tr>
</tbody>
</table>

Sub-section D2 of the CAATE Standards delineates what an ATEP must provide in the area of learning and instructional resources (CAATE, 2005). Under Sub-section D2 there are three new Standards, D2.2, D2.3, and D2.4.
The CAATE Standard D2.2 requires "instructional aids must be available to provide instruction and student practice of the clinical proficiencies and psychomotor competencies as identified in the Athletic Training Educational Competencies" (CAATE, 2005). The list of instructional aides required by the found on the CAATE Self-Study Documents website: http://www.caate.net/.

The WMU-ATEP has access to all of the instructional aides required by the CAATE. The instructional aides are stored in the following areas: athletic training supplies storage closet on the first floor of the Student Recreation Center, the exercise science laboratory, university athletic training rooms and athletic training rooms' doctor's offices, Waldo equipment room, and the Student Recreation Center computer lab. The WMU-ATEP has access to a minimum of one of each piece of equipment designated by the 4th Edition of the NATA Educational Competencies and Clinical Proficiencies and listed in the instructional aide assessment table provided on the CAATE Self-Study Documents website: http://www.caate.net/; therefore, the WMU-ATEP is compliant with the CAATE Standard D2.2.

The new CAATE Standard D2.3 under the Sub-section D2: Learning and Instructional Resources, requires that "at all distance or remote education sites, learning and instructional equipment and supplies used for classroom and laboratory instruction and assessment must be comparable and equally accessible to all students" (CAATE, 2005). In addition, under Sub-section D2, the new CAATE Standard D2.4 requires that "at all distance or remote education sites, educational technology used for formal instruction and assessment must be comparable and equally accessible to all students regardless of location" (CAATE, 2005).
As was cited under structural resources, distance or remote education is defined by the CAATE Standards, within the Athletic Training Standards Glossary, as:

classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution and students at that institution and additional locations. Instruction may be via the internet, telecommunication, video link, or other electronic media. Distance education does not include clinical education or the participation in clinical experiences (CAATE, 2005).

The WMU-ATEP does not utilize distance or remote education sites for curriculum instruction purposes. The WMU-ATEP is therefore compliant with the new CAATE Standards D2.3 and D2.4.

By the CAATE providing a list of instructional aids and equipment and requiring that the ATEP possess the resources in order to allow for students to practice clinical proficiencies and psychomotor competencies as part of the curriculum, ATEPs can be viewed as being more efficient. The effect of compliancy with the new Standards D2.2, D2.3, and D2.4 also provide for a better educational experience for ATEP students and, upon graduation, more prepared future professionals.

Sub-section D4: First Aid and Emergency Care Equipment presents two new CAATE Standards D4.2 and D4.3. The results of the evaluation of Standard D4.2 are presented in this section. Because the new Standard D4.3 was evaluated according to its effect on both Structural and Curriculum Resources, the findings of the evaluation of Standard D4.3 were presented under the earlier Structural Resource section.

The new Standard D4.2 provides that “first aid and emergency care equipment, appropriate to the emergency action plan of the clinical setting, must be available for clinical education purposes” (CAATE, 2005). In evaluation of the new CAATE Standard D4.2, it was found that the WMU-ATEP is compliant. The findings of the evaluation of
Standard D4.2 revealed that there is adequate availability of first aid and emergency care equipment and supplies for educational purposes. The athletic training students are required to take HPER 1810: First Aid, before officially applying and being accepted into the WMU-ATEP. An additional mandatory in-service is provided for the students after being officially accepted into the WMU-ATEP. The mandatory in-service certifies each student as an American Red Cross Professional Rescuer. The athletic training students are provided with CPR/AED recertification, an annual review of the emergency action plan for each clinical site, and time to practice with the first aid and emergency equipment at the beginning of each year and the beginning of each new clinical education rotation orientation (WMU Self-study, 2004). This additional coursework and certification supports the requirements of Sub-standard D4.2. Furthermore, the HPER Department maintains all of the curriculum supplies and equipment necessary to instruct and practice the care of emergency situations. The equipment that is used for educational purposes is maintained in one of two storage rooms in the Student Recreation Center and maintained by both the Undergraduate Athletic Training Program Director and Clinical Coordinator. Any additional supplies or equipment that is needed is requisitioned through the HPER Department Chair (WMU Self-study, 2004).

By the CAATE requiring that the ATEP possess the first aid and emergency care equipment required in each clinical education site’s emergency action plan (EAP) for the purpose of allowing students to practice skills in emergency situations, the effect of compliancy with the new Standard D4.2, provides for a better “real-life” educational experience for ATEP students, therefore providing for efficient control of learning and the preparation of a better prepared future professionals.
Sub-section D5 of the CAATE Standards presents the requirements for library and additional information sources (CAATE, 2005). The new CAATE Standard D5.2 under Sub-section D5 necessitates that “at all distance or remote education sites, all library and other information resources used for classroom and laboratory instruction and student assessment must be comparable and equally accessible to all students regardless of location” (CAATE, 2005). Further evaluation of the new CAATE Standard D5.2 is not necessary because the WMU-ATEP does not utilize distance or remote education sites for curriculum instruction and is therefore compliant.

The CAATE Standard D5.2 promotes efficiency through equality of opportunities and resources. The requirements of Standard D5.2 also promotes professionalism by requiring the comparable resources and accessibility of resources to all students at all locations; therefore, no students and the student’s acquiring of skills or knowledge will be at a disadvantage.

Curricular Policies and Procedures (Section E: Operational Policies and Fair Practices)

Standard E1.11a is the only Standard under Section E that has been evaluated as to its relevance to Curriculum Resources. Table 19 provides the information applicable to Standard E1.11a.

The new CAATE Standard E1.11a, under Section E, Sub-section E1 is tied to the provision of liability insurance. Standard E1.11a states that “the welfare of all athletic training students must be protected by liability insurance that can be documented through policy declaration pages or other legally-binding documents” (CAATE, 2005).
Table 19

Curricular-related Standards Evaluated Under the CAATE Section E (CAATE, 2005)

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1.11a: Liability insurance for ATS</td>
<td>New</td>
<td>Curriculum</td>
</tr>
</tbody>
</table>

The WMU-AITEP in conjunction with the HPER Department provides liability coverage for all athletic training students performing services that are connected to the ATEP fieldwork courses as part of the academic curriculum and clinical education process and experience (WMU Accreditation Rejoinder, 2005). Currently the WMU-AITEP provides liability coverage for students enrolled in the HPER 4000 fieldwork classes. Athletic training students pay an $8 fee to be covered by liability insurance. The liability insurance is provided by Marsh Incorporated and covers students when they perform clinical education rotations on the campus of WMU and when the students travel outside the university into the affiliated sites. The liability coverage of the students is handled through the Business Services Office (M. Magga, personal communication, August 14, 2007).

Upon full evaluation of the new CAATE Standard E1.11a, it was discovered that liability coverage that was previously assumed for students that performed curriculum required clinical education rotations in other courses other than the HPER 4000-level fieldwork courses, i.e., HPER 1530: Introduction to Athletic Training and HPER 2530: Injury and Illness Survey and Management, was not available. Upon this discovery, the
program director contacted the business services office and notified them of the need to provide all students enrolled in the undergraduate atep courses that required curriculum-based clinical education rotations, with liability coverage. a discussion was then generated as to how the liability insurance was to be funded, due to the fact that students are not automatically enrolled in the liability agreement unless they take a class that has that fee. an agreement was reached that a new fee structure for both hper 1530 and hper 2530 would need to be implemented beginning the spring semester of 2008. once the revised fee structure for all undergraduate atep courses that require clinical education rotations, is in place, the wmu-atep will be compliant with the new caate standard e1.11a.

the caate standard e1.11a promotes professionalism through professional practice. by mandating liability coverage for atep athletic training students, the atep protects both the student and the individuals that the student provides care for.

program curricular issues of health and safety (section f: health and safety)

section f provides the requirements for health and safety issues involved with the atep curriculum. table 20 presents the new and revised standards and sub-standards that have been evaluated under section f. for the purpose of evaluation under curriculum resources, the caate standards f3 and f5 were already evaluated under structural resources. to prevent redundancy, the results of the evaluation of the two standards can be found under the section f of structural resources.

standard f6 was previously the caahep standard id1h: fair practices. for the purpose of this study, standard f6 was not evaluated but its requirements are presented
Defining requirements under Section F for Standards F3, F5, F7 and Sub-standards F6.1, F6.3, F6.4, and F6.5 F providing for Health and Safety provisions related to students, equipment, blood-borne pathogen training, sanitation issues and provisions for emergency action plans.

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>F3: Student officially enrolled, instructed prior to skill performance</td>
<td>New</td>
<td>Curriculum and Structural</td>
</tr>
<tr>
<td>F5: Electrical modalities and electrical safeguards (e.g., GFIs) must annually pass safety inspections and be calibrated by a qualified technician at all clinical sites.</td>
<td>Interpretation GFIs-New</td>
<td>Curriculum, Structural and Financial</td>
</tr>
<tr>
<td>F6.1: BBP training before potential exposure</td>
<td>New</td>
<td>Curriculum and Structural</td>
</tr>
<tr>
<td>F6.3: Access/utilize BBP barriers</td>
<td>Interpretation</td>
<td>Curriculum and Structural</td>
</tr>
<tr>
<td>F6.4: Access/utilize proper sanitation</td>
<td>New</td>
<td>Curriculum and Structural</td>
</tr>
<tr>
<td>F6.5: Access to appropriate biohazard disposal equipment and procedures at each clinical site.</td>
<td>Interpretation</td>
<td>Curriculum and Structural</td>
</tr>
<tr>
<td>F7: Access to EAP at each site</td>
<td>New</td>
<td>Curriculum</td>
</tr>
</tbody>
</table>

because it forms the basis for the new and revised supporting underlying Sub-standards F6.1, F6.3, F6.4, and F6.5. Standard F6 states that “the students must comply with Occupational Safety and Health Administration or appropriate blood-borne pathogen procedures. Students must receive formal blood-borne pathogen training before being placed in a potential exposure situation. This includes participation in all clinical settings.
and situations including the clinical observation portion of the clinical education experience (if applicable) [F6.1]" (CAATE, 2005).

As part of the ATEP curriculum and structure, the initial blood-borne pathogen training occurs in HPER 1530: Introduction to Athletic Training, just prior to the start of the athletic training students initial observation experiences. Once students have received the initial training through the HPER 1530 course, annual reviews are scheduled within the first week of the fall academic semester. Nancy Wilson, a registered nurse, is designated by the Environmental Health and Safety Department to educate all employees and students that are involved in high risk activities as dictated by the OSHA Bloodborne Pathogen Training and Annual Review. Permanent records are maintained in the Department of Environmental Health and Safety and copies of attendance are on file in the Program Director’s Office (WMU Self-study, 2004).

The WMU-ATEP has always required the athletic training student to annually attend an educational review of the Standard Operating Procedures as mandated by the Occupational Safety and Health Administration (OSHA), the State of Michigan, WMU, and the Intercollegiate Athletic Department, and is therefore compliant with the new CAATE Sub-standard F6.1.

Further under Standard F6, are the evaluated curricular and structural resources mandated by the CAATE Sub-standards F6.3, F6.4, and F6.5. The CAATE Sub-standard F6.3 and F6.5 were previously found within the interpretation of the CAAHEP Standard ID1h: Fair Practices and the CAATE Sub-standard F6.4 are new.

The previous interpretation section of the CAAHEP Standard ID1h that deals with OSHA guidelines called for “appropriate personal protective equipment (e.g. latex gloves,
face shields) must be readily available to protect against the transmission of such diseases” (CAAHEP Interpretation Manual, 2001).

The CAATE Sub-standard F6.3 revises the previous interpretation of the CAAHEP Standard and now calls for the ATEP to provide “access to and utilize appropriate blood-borne pathogen barriers” (CAATE, 2005). Furthering the requirements of the CAATE Sub-standard F6.3 are the CAATE Sub-standards F6.4 and F6.5. Sub-standards F6.4 and F6.5 require “access to and utilize proper sanitary precautions, and [F6.4] access to appropriate biohazard disposal equipment and procedures at each clinical site [F6.5]” (CAATE, 2005).

As was demonstrated in the WMU Self-study (2004), the WMU-ATEP is already compliant with all three of these CAATE Sub-standards. It is the structure of the ATEP that emergency sanitation and protection kits are available for use in medical bags during outdoor practices and competitive events and at all clinical education sites. It is part of the ATEP curriculum to educate and evaluate a student’s competency and proficiency in the comprehension and performance of practicing proper sanitary precautions, both for the sake of the athletic training student and for the injured individual. As is the structure of the ATEP and clinical education sites, the biohazard cleaning supplies, sharps containers, and biohazard waste baskets are located in each athletic training facility, and are located in each physician’s office or triage area. It is the practice at each clinical education site that when the biohazard waste baskets or sharps containers are full, an Environmental Health and Safety technician is called to properly dispose of the waste (WMU Self-study, 2004).
The CAATE Sub-standards F6.1, F6.3, F6.4, and F6.5 provide for a basis of professional practice in that they prepare students for the use of precautionary measures in emergency situations while providing protection. The evaluated CAATE Sub-standards F6.3, F6.4, and F6.5 provide for flexibility in that the ATEP can put together the necessary protective equipment while additionally providing for efficiency in that the specifications for compliancy are now specific and disallow for the need of further interpretation.

Ending Section F of the CAATE Standards is the new Standard F7. The new CAATE Standard F7 requires that “students must have access to a written emergency action plan at each clinical site where assigned for clinical education” (CAATE, 2005). The WMU-ATEP utilizes four athletic training rooms on campus, one sports medicine clinic, and two affiliated site athletic training rooms for the purpose of delivering clinical education as a required component of the ATEP curriculum. Each athletic training room site serves the purpose of providing medical coverage and care to several sports and their respective teams. Each venue requires a separate emergency action plan. The constructs and requirements of the clinic, each field, game, and practice arena require specific directives in the event of an emergency. As a requirement of various assignments within the ATEP curriculum courses, athletic training students are directed to review the emergency action plans for the clinical education sites and construct their own as an assignment based on finding from the review of the plans for each site. Additionally, when students are assigned to an approved clinical instructor (ACI), the ACI must review the emergency action plan for the sport team and venue for which the ACI is responsible at the beginning of a student’s clinical education rotation. By meeting the requirements of
the new CAATE Standard F7 through curricular coursework and clinical education assignments, the WMU-ATEP is compliant.

Once again, as with the CAATE Sub-standards F6.1, F6.3, F6.4, and F6.5, under Section F, adequately titled Health and Safety, Standard F7 provides for a basis of professional practice in that it serves to prepare students for the use of precautionary measures and practice competency in emergency situations while providing protection for the student and the individual(s) the student is caring for.

Curricular and Instructional Guidelines (Section I: Curriculum and Instruction)

Section I presents the requirements for curriculum and instruction. There are eight Standards and Sub-standards that have been evaluated due to their influence on Curriculum Resources. Table 21 presents the Standards and Sub-standards under Section I.

The CAATE Sub-standards I2.2, I2.3, and I2.4 are associated with curriculum and course sequencing, clinical education, and requirements for the major, respectively. The conditions for both Sub-standards I2.2 and I2.3 were found within the requirements for the previous CAAHEP Standards IIA1b: Description of the Program. Sub-standard I2.2 is also associated with the previous CAAHEP Standards IIA2a and IIA2b, both directing Instructional Plan; the Sub-standard I2.4 is new.

The CAATE Sub-standards I2.2, I2.3, and I2.4 are guided by the Standard I2. The CAATE Standard I2 and the three evaluated Sub-standards state:

athletic training faculty and students must have a clearly written and consistent description of the academic curriculum available to them. This description must include [I2]: curriculum and course sequence [I2.2], clinical education [I2.3], and
clinical and didactic requirements for completion of the major or graduate major equivalent [12.4]. (CAATE, 2005)

Table 21

Curricular-related Standards and Sub-standards evaluated under the CAATE Section I (CAATE, 2005)

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I2.2: Description of the academic curriculum must include Curriculum and course sequencing</td>
<td>See also IIA2a &amp; IIA2b</td>
<td>Curriculum</td>
</tr>
<tr>
<td>I2.3: Description of the academic curriculum must include clinical education</td>
<td>Interpretation</td>
<td>Curriculum</td>
</tr>
<tr>
<td>I2.4: Description of the academic curriculum must include requirements for major</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>I5.1: Syllabi must include course title, number &amp; term</td>
<td>Interpretation</td>
<td>Curriculum</td>
</tr>
<tr>
<td>I5.2: Syllabi must include course instructor</td>
<td>Interpretation</td>
<td>Curriculum</td>
</tr>
<tr>
<td>I5.4: Syllabi must include specific evaluation criteria</td>
<td>Interpretation</td>
<td>Curriculum</td>
</tr>
<tr>
<td>I5.5: Syllabi must include objective course completion criteria</td>
<td>Interpretation</td>
<td>Curriculum</td>
</tr>
<tr>
<td>I5.6: Syllabi must include daily/weekly topics in detail</td>
<td>Interpretation</td>
<td>Curriculum</td>
</tr>
</tbody>
</table>

The previous CAAHEP Standard IIA1b required that "faculty and students shall have available to them a clear written description of the program and its content including learning goals, course objectives, supervised clinical practice assignments and
competencies required for graduation” (2001 CAAHEP Accreditation Standards and Guidelines, 2001). While the previous CAAHEP Standards IIA2a and IIA2b required that:

instruction shall follow a plan that documents: Appropriate learning experiences and curriculum sequencing to develop the competencies necessary for graduation, including appropriate instructional materials, classroom presentations, discussions, demonstrations, and supervised clinical practice [and] a logical progression of didactic study and clinical experience opportunities. (2001 CAAHEP Accreditation Standards and Guidelines, 2001)

The primary goal of the WMU-ATEP is to prepare the athletic training student for the BOC Examination and an entry-level position as a certified athletic trainer following the completion of the ATEP requirements and graduation with a Bachelor of Science degree. The ATEP Mastery Pathway Model of education incorporates the cognitive, psychomotor, and affective competencies and proficiencies that were developed based on the NATA Athletic Training Educational Competencies and the established 12 content areas. Philosophically, the ATEP recognizes the importance of these 12 content areas and incorporates all of these educational competencies and proficiencies into the curriculum through learning goals and course objectives that have been developed for each course and are identified in the syllabi for each curriculum course, within the WMU-ATEP Athletic Training Student Policies and Procedures Manual and Academic Catalog and ATEP Course Progression Guide (WMU Self-study, 2004).

In order to fulfill the requirements for the CAATE Sub-standards I2.2, I2.3, and I2.4, the Program Director needed to meet with the assigned program advisors in the College of Education (COE) to ensure that all student advisees received the correct information detailing required courses and the sequence in which courses should be taken
in order to meet the requirements for successful completion of the ATEP. The COE advisors were provided with the Course Progression Guide and it was communicated that though students needed to take all of the required courses in the curriculum, listed in the University and COE official Advising Form, they also needed to take the required courses following the proper sequence, thus fulfilling the requirements for the CAATE Sub-standard 12.2.

The CAATE Sub-standard 12.3 was devised from the interpretation section of the previous CAAHEP Standard IIa1b. The WMU-ATEP meets the requirements of the CAATE Sub-standard 12.3 with no changes being necessary. The clinical education guidelines, provided for in 12.3 is outlined in the *WMU-ATEP Athletic Training Student Policies and Procedures Manual*, the *Curriculum and Clinical Education Guidelines Policy*, available as Appendix W in the *Manual*, and within the course syllabi of all courses requiring clinical education rotation components.

Sub-standard 12.4 is new; however, the WMU-ATEP had already fulfilled the requirements of compliancy. A written and consistent description of the clinical and didactic requirements for completion of the ATEP are found within the *WMU-ATEP Athletic Training Student Policies and Procedures Manual*, *Academic Catalog*, course syllabi listing objectives, practical assignments, and WMU-ATEP application instructions.

The requirements of the Standard I2 and underlying Sub-standards I2.2, I2.3, and I2.4 provide for efficiency by clearly delineating and in-depth providing the requirements of the items that must be included in the description of the academic curriculum; the result provide for clarity and no need for further interpretation on behalf of the ATEP.
The premise for the CAATE Standard I5 and the Sub-standard I5.3 were previously found in the CAAHEP Standard IIA2c: Instructional Plan and its accompanying interpretation and are not denoted as being new or revised, while the other CAATE Sub-standards I5.1, I5.2, I5.4, I5.5, and I5.6 were all found within the interpretation of the CAAHEP Standard and were the only Sub-standards under Standard I5 that were evaluated for the purpose of this study.

The previous CAAHEP Standard IIA2c states the ATEP must have “clearly written course syllabi or documents that describe learning goals or objectives, competencies to be achieved, and an instructional schedule in each didactic and supervised clinical education course” (2001 CAAHEP Accreditation Standards and Guidelines, 2001). The interpretation section of the CAAHEP Standard that provide the necessities from which the CAATE I5 Sub-standards were devised states:

the syllabi must provide daily or weekly topics that verify instruction. Specific course competencies and learning objectives may be collated into a single document independent of the course syllabi. The syllabus must be updated each time the course is taught and contain course information about the following: who teaches the course, the title and course number, the specific days and meeting times with room numbers, the semester hour designation for the course, any prerequisites, text or journal resources both required and recommended for the course, course content schedule (with days and topics), evaluation methods and how grades will be awarded, overall course objectives and goals, and other administrative information governing the conduct of the course. (CAAHEP Interpretation Manual, 2001)

The CAATE Standard I5 and Sub-standards, derived from the CAAHEP Standard IIA2c and associated interpretation, require:

clearly written course syllabi are required for all courses that deliver content contained in the Athletic Training Educational Competencies. Syllabi must include[15]: course title, number, and term [15.1], course instructor [15.2], learning objectives [15.3], specific evaluation criteria and weightings [15.4], objective course completion criteria [15.5], and daily/weekly topics in sufficient detail to
determine course content relative to assigned competencies and clinical proficiencies [15.6]. (CAATE, 2005)

Competencies and proficiencies are assigned to each course as part of the ATEP curriculum. The syllabi and the expanded course outline is the responsibility of the instructor that is assigned to teach the specific course as the instructor of record. In order to meet the requirements of the CAATE Sub-standards 15.1, 15.2, 15.4, 15.5, and 15.6, all instructors that teach a course within the ATEP were asked for a copy of their syllabus to ensure compliancy. Those instructors that did not provide the necessary information in their respective syllabi were provided with the requirements and asked for a copy to be reviewed by the Program Director in order to assure that compliancy had been achieved.

Each syllabus that was developed specifically for the ATEP curriculum courses is based on the specific competency and proficiency learning objectives for the respective course. The syllabi are reviewed by the Program Director on an annual or semester-by-semester basis, as necessary, to ensure that the required competency and proficiency learning objectives are met. An up-to-date copy of each syllabus is maintained on the HPER Department’s shared computer file (WMU Self-study, 2004).

An issue that was raised in evaluating the CAATE Sub-standards is that different part-time instructors were assigned to teach various courses and in order to maintain compliancy with the Sub-section Standards, the instructors and their syllabi need to be evaluated each semester in order to ensure that the part-time instructors understood the importance of the relationship between the ATEP and their course and that the identified course continued to cover the relevant and necessary information.
The Standard I5 and associated evaluated Sub-standards I5.1, I5.2, I5.4, I5.5, and I5.6 provide for a type of check-list as to what each ATEP curriculum course must include in its syllabus. The requirements specifically mandated in Standard I5 and Sub-standards I5.1 through I5.6 provides for organization of syllabi objectives, therefore efficiency.

Curricular Guidelines for Clinical Education (Section J: Clinical Education)

Section J of the CAATE Standards provides the requirements for clinical education. The results of the evaluation of the Sub-standard J1.3 and Standard J6, evaluated for their effect on Structural and Curriculum Resources has been previously documented under the Section J of Structural Resources. Table 22 displays the Standards and Sub-standards evaluated under Section J.

The new CAATE Standard J2 states:

clinical experiences must provide students with opportunities to practice and integrate the cognitive learning, with the associated psychomotor skills requirements of the profession, to develop entry-level clinical proficiency and professional behavior as an Athletic Trainer as defined by the NATA Educational Competencies. (CAATE, 2005)

The WMU-ATEP is compliant with the CAATE Standard J2. The curriculum structure of the ATEP is designed in a way that allows for the athletic training student’s clinical skills and proficiencies to be developed based on the Mastery Pathway Model. Clinical rotations are assigned based on the athletic training student’s progression through ATEP curriculum courses and four specific phases: Observation Student, Pre-professional Student, Professional Student, and Capstone Experience, respectively.
Table 22

Curricular-related Standards and Sub-standards Evaluated Under the CAATE Section J (CAATE, 2005)

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>J1.3: Regular/planned communication between the ATEP and the ACI or CI</td>
<td>Interpretation</td>
<td>Structural and Curriculum</td>
</tr>
<tr>
<td>J2: Clinical experiences provide synthesis of AT profession</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>J3.1: Consistency of course credit for clinical experiences</td>
<td>Interpretation</td>
<td>Curriculum</td>
</tr>
<tr>
<td>J3.2: Objective criteria for completion</td>
<td>Interpretation</td>
<td>Curriculum</td>
</tr>
<tr>
<td>J3.51: Length of clinical consistent w/ comparable academic programs and the state</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>J3.52: Days off consistent w/other academic programs</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>J4: Opportunity for students to have experience with different populations</td>
<td>Interpretation</td>
<td>Curriculum and Structural</td>
</tr>
<tr>
<td>J6: Minimum of 75% of CE under ATC who is ACI/CI</td>
<td>ACI/CI designation and time requirement new</td>
<td>Curriculum and Structural</td>
</tr>
</tbody>
</table>

Phase I of the athletic training student's clinical experience involves an orientation to the athletic training profession and to the procedures and the operations of WMU's Department of Medical Services. Phase I athletic training students are novice and
are permitted only to observe or to assist with tasks that are specifically supervised by a clinical instructor (WMU Self-study, 2004).

In accordance with the WMU Self-study (2004), Phase II of the athletic training student's clinical experience involves an extensive introduction to the athletic training profession. Each athletic training student is assigned a separate clinical experience based on the semester or athletic season. The staff certified athletic trainer assigned to the respective sport would serves as the athletic training student’s primary ACI for that particular clinical education rotation. Class assignments are given to facilitate the clinic education. The pre-professional athletic training students of Phase II have limited technical proficiencies and are permitted only to observe or to assist with tasks that are specifically supervised by a clinical instructor. The athletic training students during Phase II are asked to serve as courtesy athletic training students during home athletic events in order to begin to develop and emulate basic entry-level clinical proficiency skills and professional behavior.

Phase III identifies the next four semesters when the athletic training student engages in competent practice with direct ACI supervision. The staff-certified athletic trainers are assigned to cover specific sports and concurrently they also serve as the athletic training student’s primary ACI for that particular period. The athletic training student is assigned to clinical experiences in the primary clinical site and the affiliated sites based on the type of sport and clinical exposure the ACI provides. Athletic training students continue to obtain mastery of the clinical proficiencies while enrolled in curriculum fieldwork courses. The athletic training students are required to demonstrate mastery of all competencies prior to graduation (WMU Self-study, 2004).
A capstone experience, Phase IV, is provided to the athletic training students that have successfully obtained mastery in all clinical proficiencies and is designed to give the athletic training student more responsibility by allowing independent coverage of practices and traveling with their assigned teams. The athletic training students at this phase are provided with clinical experiences that offer additional exposure to the athletic training profession and further development of the competencies and proficiencies learned through coursework: theory into practice. This portion of the educational experience is assigned on an individual basis and is contingent on the athletic training student's academic and clinical progress (WMU Self-study, 2004).

The requirements of the new CAATE Standard J2 promote professionalism. The CAATE Standard J2 provides the basis for developing and preparing students for “entry-level clinical proficiency and professional behavior” (CAATE, 2005).

The CAATE Standard J3 is not new and is not evaluated for the purpose of this study; however, it does guide the premise for the Sub-standards J3.1 and J3.2. Both CAATE Sub-standards J3.1 and J3.2 were previously found within the interpretation of the CAAHEP Standard IIA1e, “the athletic training curriculum shall include provision for clinical experiences under the direct supervision of a qualified clinical instructor or ACI (see Section I, B, 1,b) in an appropriate clinical setting” (2001 CAAHEP Accreditation Standards and Guidelines, 2001).

The CAATE Standard J3 and Sub-standards J3.1, J3.2 state, “clinical experiences must be contained in individual courses that are completed over a minimum of two academic years [J3]. Course credit must be consistent with institutional policy or
institutional practice [J3.1]. Courses must include objective criteria for successful completion [J3.2]" (CAATE, 2005).

The WMU-ATEP provides clinical education rotation experiences through the curriculum courses of HPER 1530: Introduction to Athletic Training, HPER 2530: Injury and Illness Survey and Management, and all four fieldwork courses, HPER 4000 I through IV.

No additional resources were necessary for the WMU-ATEP to accommodate the CAATE Sub-standards J3.1 and J3.2. The design of the ATEP offers the HPER 1530 course during a student’s freshman year; HPER 2530 is offered during the fall semester of a student’s second or sophomore year; and the HPER 4000, Athletic Training Fieldwork I-IV courses begin the second semester of a student’s sophomore year and conclude at the end of the senior fall semester. Matriculation for the athletic training students that are accepted into the ATEP formally begins with the fieldwork courses and continues for a minimum of two full academic years. In total, clinical experiences are provided for in six academic semesters (WMU Self-study, 2004).

The credit hours assigned to all six courses providing clinical education experiences is consistent with contact hours requirements of the University and the objective criteria for successful completion of all courses is presented in all course syllabi and the Undergraduate Academic Catalog.

Under the new CAATE Sub-standard J3.5 are two new supporting Sub-section Standards, J3.51 and J3.52. Sub-standard J3.5 was evaluated under human resources necessary to be complaint, but the two supporting Sub-section Standards apply to
curricular resources due to clinical education rotations being a component of curriculum courses.

The supporting Sub-standards J3.51 and J3.52 state that:

the length of clinical experiences should be consistent with other comparable academic programs requiring a clinical or supervised practice component. Such policies must be consistent with federal or state student work-study guidelines as applicable to the campus setting [J3.51]. Consideration must be given to allow students comparable relief (days off) from clinical experiences during the academic year as compared to other student academic and student activities offered by the institution (e.g., other health care programs, athletics, clubs) [J3.52]. (CAATE, 2005)

The WMU-ATEP needed to review other professional curricular programs at WMU in order for it to be determined if the ATEP was compliant with the two new supporting Sub-section Standards J3.51 and J3.52. The two Sub-standards called for the Program Director to investigate other professional programs offered at the University.

Each athletic training student is assigned to an AC1 for a separate clinical experience based on the semester or athletic season. Students enrolled in the WMU-ATEP are not utilized as a work force to take the place of an AC1 and therefore do not meet the requirements for work-study. It is the policy of the ATEP and presented in the applicable curriculum course syllabi that students performing clinical education rotations must have a minimum of one day off per week.

The CAATE Standard J3 and Sub-standards J3.1, J3.2 promotes efficiency with the goal of providing specific detail as to how clinical experiences must be outlined and detailed for ATEP students. The new Sub-standards J3.51 and J3.52 promote professionalism by ensuring that the ATEP and its clinical education component is
consistent and comparable with other allied health profession academic programs that require a clinical or supervised practice component.

The CAATE Standard J4 was previously found within the interpretation of the CAAHEP Standard II A1 e, specifically with the guidelines that “the clinical education setting has a variety of learning experiences available to students” (CAAHEP Standards and Guidelines Interpretation Manual, 2001). The CAATE Standard J4 was evaluated in accordance to curriculum and structural resources necessary to achieve compliancy. Standard J4 states that “the clinical experience must allow students opportunities to practice with different patient populations and in different athletic or allied health care settings” (CAATE, 2005).

No changes were necessary to make in accordance with the CAATE Standard J4. The WMU-ATP utilizes affiliated clinical sites that complement the ATEP’s primary clinical site of the WMU NCAA Division I Intercollegiate Athletics and Department of Medical Services that operates four athletic training facilities. Western Michigan University also supports a Sports Medicine Clinic located on campus at Sindecuse Health Center that services the WMU and Kalamazoo communities. Kalamazoo College and Kalamazoo Christian High School provide traditional yet diverse athletics programs at the NCAA Division III college and high school settings, respectively. The advantages relating to these affiliated sites involves the close proximity to WMU, a variety of clinical experiences, the level of the athletic competition, and the willingness of the certified athletic trainers to serve as ACIs in accordance with Clinical Education Guidelines (WMU Self-study, 2004).
The CAATE Standard J4 promotes professionalism by mandating that the ATEP curriculum provide different opportunities and experiences for students. Experience with varying populations provides the mechanism of preparing students for an entry-level position within the Athletic Training profession.

**Human Resources Evaluated**

For the purpose of this evaluative case study, portions of many 2005 CAATE Sections and underlying Standards and Sub-standards that were categorized and evaluated under structural resources were identified as: sponsorship in relation to the individuals responsible for instruction and supervision; individualized qualifications and requirements of the program director, CIE, ACIs, and CIs; issues involving faculty and staff providing oversight; qualifications of the medical director; administrative and support staff; and individuals and issues involved with clinical education.

*Personnel Needs, Responsibilities and Qualifications (Section B: Personnel)*

In accordance to Human Resources, Section B of the CAATE Standards presents several Standards and Sub-standards that were evaluated. Table 23 presents the corresponding information.

Under Sub-section B1: Program Director, Standard B1.2: PD Responsibilities, Sub-standard B1.22 calls for the Program Director to have input on and assurance of curricula planning and development (CAATE, 2005). This is a new Sub-standard but one in which the WMU-ATEP has always been in compliance with and no change or revision to meet the Sub-standard B1.22 was necessary.
Table 23

**Human-related Standards and Sub-standards Evaluated Under the CAATE Section B**

*(CAATE, 2005)*

Evaluated defining requirements under Section B providing the stipulations for ATEP personnel including the Program Director, faculty and instructional staff, clinical faculty and staff, and medical and other health care personnel.

<table>
<thead>
<tr>
<th><strong>2005 CAATE Standards Evaluated:</strong></th>
<th><strong>Notation of change by the CAATE as compared to previous CAAHEP Standards:</strong></th>
<th><strong>Resource Evaluated Under:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>B1.22: The Program Director must have input on curricula planning</td>
<td>New</td>
<td>Human</td>
</tr>
<tr>
<td>B1.31: The Program Director must be in good standing w/BOC</td>
<td>Interpretation</td>
<td>Human</td>
</tr>
<tr>
<td>B1.32: The Program Director must have 5 yrs. experience as BOC-ATC</td>
<td>Change: was 3 years</td>
<td>Human</td>
</tr>
<tr>
<td>B1.33: The Program Director must possess state credential in AT</td>
<td>Newly defined</td>
<td>Human</td>
</tr>
<tr>
<td>B1.34: The Program Director must demonstrate scholar/service</td>
<td>Interpretation</td>
<td>Human</td>
</tr>
<tr>
<td>B2.22: Faculty and Instructional Staff must provide oversight of CE</td>
<td>New</td>
<td>Human</td>
</tr>
<tr>
<td>B3.11: A CIE must be recognized by institution</td>
<td>formerly managed by NATA-DONE</td>
<td>Human</td>
</tr>
<tr>
<td>B3.12: A CIE must be BOC for 3 years minimum</td>
<td>New</td>
<td>Human</td>
</tr>
<tr>
<td>B3.13: A CIE must be designated by institution as the CIE to provide ACI training</td>
<td>New</td>
<td>Human</td>
</tr>
<tr>
<td>B3.14: A CIE must be knowledgeable in content areas</td>
<td>New</td>
<td>Human</td>
</tr>
<tr>
<td>B3.15: If more than one CIE, at least 1 must be BOC</td>
<td>New</td>
<td>Human</td>
</tr>
<tr>
<td>B3.21: An ACI must be credentialed as AMA</td>
<td>New</td>
<td>Human</td>
</tr>
<tr>
<td>B3.23: An ACI must not enrolled in ATEP program</td>
<td>New</td>
<td>Human and Structural</td>
</tr>
</tbody>
</table>
Table 23—Continued

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
<th>Newness</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3.41:</td>
<td>A CI must be credentialed as AMA</td>
<td>New - better defined</td>
<td>Human</td>
</tr>
<tr>
<td>B3.42:</td>
<td>A CI must be ATC/credentialed 1 year</td>
<td>Interpretation</td>
<td>Human</td>
</tr>
<tr>
<td>B3.43:</td>
<td>A CI must not be enrolled in ATEP</td>
<td>New</td>
<td>Human</td>
</tr>
<tr>
<td>B4.1:</td>
<td>The medical director must be board-certified MD/DO w/state license</td>
<td>New - better defined</td>
<td>Human</td>
</tr>
<tr>
<td>B5.1:</td>
<td>Equitable clerical must be available to support ATEP</td>
<td>New</td>
<td>Human</td>
</tr>
</tbody>
</table>

Standards Section B1.3: Program Director Qualifications and Sub-standards B1.31, B1.32, B1.33, and B1.34 require the Program Director to:

hold current national certification and be in good standing with the Board of Certification (BOC) [B1.31], have a minimum of five years experience as a BOC-certified athletic trainer [B1.32], and possess a current state credential for those states that require professional credentialing for athletic trainers [B1.33], and demonstrate teaching, scholarship, and service consistent with institutional standards [B1.24]. (CAATE, 2005)

Sub-standard B1.31 is noted as having a change in its interpretation from the previous CAAHEP Standard IB1a (1)(b), which provided guidelines for Program Director qualifications. The change in the CAATE Sub-standard is in relation to the Program Director being in good standing with the Board of Certification (BOC). The previous CAAHEP Standard called for the Program Director to possess “current National Athletic Trainers' Association Board of Certification (NATABOC) recognition as a certified athletic trainer” (CAAHEP, 2001). The current requirements under the CAATE Sub-standard B1.31 now state that a necessary qualification of the Program Director be to
“hold current national certification and be in good standing with the Board of Certification (BOC)” (CAATE, 2005).

The next CAATE Sub-standard, B1.32, under Standard B1.3, designates a change from the previous CAAHEP Standard IB1a (1)(b) in the number of years of experience that the Program Director have as a BOC Certified Athletic Trainer. Previously, the CAAHEP Standard IB1a(1)(b) called for the Program Director to be an NATABOC certified athletic trainer for a minimum of three years. Now, under the CAATE Sub-standard B1.32, the Program Director must be a BOC certified athletic trainer for a minimum of five years.

The CAATE Sub-standard B1.33 is noted as being newly defined and deals with the state credentialing of the Program Director in athletic training. At the time of this research, the state of Michigan was to become an official licensure state as of December 1, 2006. Unfortunately, this action has not been enacted by the state and Sub-standard B1.33 has no relevance on the WMU-ATEP at this time.

Sub-standard B1.34 is also associated with the previous CAAHEP Standard IB1a (1)(b) and the portion of the previous CAAHEP Standard dealing with demonstration of scholarship and service. Under the previous CAAHEP Standard IB1a (1)(b), the Program Director “shall be a full-time employee of the sponsoring institution and shall be a member of the teaching faculty as defined by school policy” (CAAHEP, 2001). The further interpretation of the Standard provided for the following:

The Program Director should have a strong academic orientation and should have demonstrated a sincere interest in the professional preparation of student athletic trainers. Demonstrated involvement in athletic training and sports medicine through publications, public speaking, research, and membership in related professional organizations is highly desirable. (CAAHEP, 2001)
The change in interpretation of the CAAHEP Standard by the CAATE Sub-standards B1.34 now identifies that the Program Director demonstrate teaching, scholarship, and service consistent with institutional standards.

All four of the CAATE Sub-standards, B1.31, B1.32, B1.33, and B1.34 under Standard B1.3 have been met by the WMU-ATEP. The current Program Director is in good standing with the BOC, has been a BOC certified athletic trainer for approximately seven years, will be eligible for a State of Michigan license once the licensure law goes into effect, and has met the requirements of a faculty position by being appointed to a full-time (nine month) tenure-track faculty position with academic rank and needs as necessitated by the institution.

The evaluated Standards and Sub-standards under Sub-section B1 offer efficiency and professionalism. Sub-standard B1.22 requires the Program Director to specifically be involved in the direct planning of the curriculum, thus allowing for more control of the ATEP and the education that is offered to enrolled students.

The CAATE Sub-standards B1.31, B1.32, B1.33, and B1.34 promote professionalism by requiring the Program Director to have more experience, which provides for the possibility of possibly running the ATEP more efficiently. However, the implementation of Sub-standards B1.31, B1.32, B1.33, and B1.34, specifically B1.31, does not allow for flexibility in the audience that the ATEP may have hired in the past. Due to the rigidity of prior years of experience that a Program Director must now possess, the pool of potential candidates is smaller.
A new CAATE Sub-standard under Sub-section B2: Faculty and Instructional Staff, is Sub-standard B2.22 and is associated with the ATEP providing a sufficient amount of faculty and instructional staff to provide oversight to students during program clinical education and experiences (CAATE, 2005). Sub-standard B2.22 is further clarified under Section J: Clinical Education. In Standards section J1, the CAATE Sub-standard J1.4 regulates that “the number of students assigned to an ACI or CI in the clinical experience component must be of a ratio that will ensure effective education and should not exceed a ratio of eight students to an ACI or CI in the clinical setting” (CAATE, 2005); this ratio has changed in that it is now a requirement, whereas previously it was a recommendation provided in the CAAHEP Standard IIAlh. The WMU-ATEP is compliant with all areas of both Sub-sections Standards B2.22 and J1.4 due to never exceeding the ratio of assigning six students per ACI.

The evaluated Sub-standard B2.22 promotes both professionalism and collegial relationships. By ensuring that the number of students per ACI or CI does not exceed eight, this allows for more interaction between the instructor and the student and decreases the likelihood of the instructor being overwhelmed with his or her duties as an ATC and those of a ACI or CI. Additionally, the students are supervised by the ACI or CI, and this allows for learning and emulation through interaction, thus preparing the student for the future role as an athletic trainer.

Under Sub-section B3: Clinical Faculty and Staff of the CAATE Standards, there are several Sub-standards that are concerned with the Clinical Instructor Educator (CIE). According to Sub-section B3 of the CAATE Standards, the CIE must be: recognized and designated by the institution as the CIE for the educational program (B3.11), be BOC
credentialed for a minimum of three years (B3.12), is designated and authorized by the institution to oversee ACI training (B3.13), and be knowledgeable in the content areas required for the training of ACIs (B3.14). Additionally, if more than one individual is designated as the CIE for the educational program, then at least one of those individuals must be a BOC credentialed athletic trainer (B3.15) (CAATE, 2005).

The WMU-ATEP is compliant with Sub-standard B3.11 by designating myself, the Program Director, as the ATEP's CIE: The CIE responsibility is designated within my Job Description. Additionally, I have fulfilled the credential requirements of Sub-standard B3.12 because I have been certified since the year 2000. In summation, because my Job Description designates me as both the ATEP's Director and CIE and I train all the certified athletic trainers to become ACIs, the WMU-ATEP is compliant with Sub-standard B3.13.

In 2004, I, as the Program Director, traveled to Baltimore, Maryland, and was trained to be a CIE during the National Athletic Trainers' Society Clinical Instructor Educator Training Seminar. Due to successfully participating in this training, I had fulfilled the requirements for Sub-standard B3.14. The WMU-ATEP neither employs nor has designated any other individual as performing duties of the CIE; therefore, Sub-standard B3.15 has no relevance.

The new CAATE Sub-standards B3.11 through B3.15 promote efficiency through professional practice. An ATEP is provided with clear definition of the requirements of a CIE; therefore, there is not need for supporting interpretation as to what role the position fills or what the ATEP must do in order to be judged compliant.
Standard B3.2: ACI Qualifications has instituted two new CAATE Sub-standards, B3.21 and B3.23. The CAATE Sub-standard B3.21 calls for the Approved Clinical Instructor (ACI) to “be credentialed in a health care profession as defined by the American Medical Association or American Osteopathic Association” (CAATE, 2005). The CAATE Sub-standard B3.23 requires that the ACI “not be currently enrolled in the athletic training education program at the institution” (CAATE, 2003).

According to the Clinical Instructor Seminar Handbook (2004), an Approved Clinical Instructor (ACI) is a BOC Certified Athletic Trainer [certified for a minimum of one year] with a minimum of one year of work experience as an athletic trainer, and who has completed Approved Clinical Instructor training. BOC certified athletic trainers who wish to be an ACI (e.g., graduate assistant), but who have less than one year of clinical experience, must be supervised by a more experienced ACI. An ACI provides formal instruction and evaluation of clinical proficiencies in classroom, laboratory, and/or in clinical education experiences through direct supervision of athletic training students.

The definition of an ACI was taken by the WMU-ATEP Program Director and placed into the Curriculum and Clinical Education Guidelines provided in Appendix W of the WMU-ATEP Student Policies and Procedures Manual. These guidelines mandate that only an ACI can assist and directly supervise an ATS in the final formal critique and evaluation of assigned course competencies and proficiencies.

In 1990, the American Medical Association (AMA) officially recognized athletic training as an allied health profession and athletic trainers as the practitioners of such profession. It is the WMU-ATEP’s position that all Athletic Training Students (ATSs) be assigned only to an ACI for his/her clinical education rotations. Due to the WMU-ATEP
only assigning ATSs to ACIs, which are recognized by the AMA and the American Osteopathic Association, the ATEP is in compliance with the CAATE Sub-standard B3.21. Additionally, because by recognized definition an ACI can only be an individual who has been a BOC certified athletic trainer, for a minimum of one year, with a minimum of one year of work experience, this would not allow for such an individual to be enrolled in WMU’s undergraduate ATEP, therefore meeting the requirements for the CAATE Sub-standard B3.23. The Sub-standard B3.23 may also be evaluated under structure, due to the organization of the WMU-ATEP and under human resources due to the characteristic qualifications of the ACI as an individual.

Sub-standard B3.21 calls for a specified degree of professionalism of the ACI by requiring specific recognized credentials. The CAATE Sub-standard B3.23 provides protection for the requirements of the ACI by not allowing the ACI to be currently enrolled in the ATEP. However, by definition, an ATC must be Board of Certification Certified for a minimum of one year before meeting the requirements of being able to be trained as an ACI; therefore, the evaluation of Sub-standard B3.23 is confusing. Together, the new Sub-standards B3.21 and B3.23, coupled with the additional Sub-standards all supporting Standard B3.2: Approved Clinical Instructor Qualifications, increase the professional expectations of the individual that is able to fulfill the role of an ACI.

Standard B3.4 is associated with the qualifications of the Clinical Instructor (CI). Under the CAATE Sub-standard B3.41 the “CI must be a credentialed health care professional as defined by the American Medical Association and the American Osteopathic Association” (CAATE, 2005). The WMU-ATEP utilizes various allied health professionals to deliver and provide students with varying educational experiences and
exposure to different occupational outlooks. According to the American Medical
Association (AMA), there are currently 60 distinctive health professions that are
recognized by their organization; the entire list can be viewed on the AMA website:
to the American Osteopathic Association, there are various organizations and specialty
affiliates that practice and represent the specialties and subspecialties of osteopathic
medicine; the list of such organizations can be viewed by going to

The current CIs associated with WMU-ATEP as designated instructional staff
members include two medical doctors; medical doctors are recognized by both
associations; therefore, the WMU-ATEP is compliant with Sub-standard B3.41.

Sub-standard B3.42, under Standard B3.4, was cited as Standard IB1c(1)(b): ACI
Qualifications under the previous CAAHEP Standards. The CAATE created the Sub­
standard B3.42 from the previous interpretation section of the CAAHEP Standard
IB1c(1)(b) in order to clearly define the difference between an ACI and CI. The
interpreted change in Sub-standard B3.42 now clearly calls for the CI to:

be appropriately credentialed for a minimum of one year. If a CI is credentialed
for less than one year, the program must develop and document the
implementation of a plan for supervision of that CI by an experienced credentialed
CI that ensures the quality of instruction provided to the athletic training students.
(CAATE, 2005)

Western Michigan University employs several Graduate Assistant students (GAs)
through their Master’s degree in Athletic Training. The undergraduate ATSs have
exposure to the GAs through their clinical education rotations. At this time all GAs have
met the requirements of and are trained ACIs. For future purposes, the WMU-ATEP does
have a document in the WMU-ATEP Policies and Procedures Manual, referred to as Appendix W, which clearly denotes the roles of all individuals associated with the undergraduate ATEP, including CIs. It is the position of the undergraduate ATEP that a GA or CI that has not met the requirements or attained the status of being an ACI, will not be assigned any Undergraduate WMU-ATEP students during the ATS’s clinical education rotation assignment. Any GAs that have not been certified for a minimum of one year can be CIs and are supervised by WMU staff certified athletic trainers that are trained ACIs; this requirement is clearly defined in Appendix W and all individuals associated with the WMU-ATEP review and sign the document. These documents are secured by the WMU Program Director and therefore the WMU-ATEP is compliant with Standard B3.42.

The last Sub-standard, under Standard B3.4, is Sub-standard B3.43. The new CAATE Standard B3.43 requires that CIs “not be currently enrolled in the athletic training education program at the institution” (CAATE, 2005). The WMU-ATEP has no CIs that are enrolled in the undergraduate program and therefore meets the requirements of Standard B3.43.

Just as the new CAATE Sub-standard, B3.21 provided specific requirements for credentials to be held by the ACI, Sub-standard B3.41 presents the same requirement for the CI; therefore, Sub-standard B3.41 calls for a specified degree of professionalism. The Sub-standard B3.42 was created following the same requirements as the CAATE Sub-standard B3.22; however, an additional caveat was added regarding the CI being supervised, therefore ensuring quality of instruction to the athletic training students and therefore increasing the level of professionalism (CAATE, 2005). Finally, the last Sub-
standard B3.43, evaluated under Standard B3.4, mandates the same requirements as the CAATE Sub-standard B3.23 in providing protection for the requirements of the CI by not allowing the CI to be currently enrolled in the ATEP while serving in the supervisory role of a CI. In summation, the new Sub-standards under Standard B3.4 have provided for a higher level of professionalism primarily due to an increase in required professional practice and recognition.

The better defined Standard B4.1 is found under Sub-section B4. Sub-section B4 provides the guidelines for the undergraduate Medical Director. Sub-section B4 and Standard B4.1 state that “the medical director must be an MD/DO who is licensed to practice in the state housing the ATEP” (CAATE, 2005). Dr. Baker, who serves as the undergraduate ATEP’s Medical Director and adjunct instructor within the undergraduate ATEP, was already a medical doctor licensed to practice in the state of Michigan; therefore, the WMU-ATEP was already found to be compliant with Standard B4.1.

Standard B4.1 increases the degree of required professionalism through liability. The newly defined Standard B4.1 ensures that professional practice and recognition is being provided on the behalf of the ATEP and all stakeholders involved.

Sub-section B5 of the CAATE Standards is associated with administrative and support staff. The new Standard B5.1, under Sub-section B5, states that “equitable professional clerical/secretarial and other support staff must be available to support program personnel comparable to that provided to similar academic programs in the institution” (CAATE, 2005).

The WMU-ATEP is housed within the Department of Health, Physical Education and Recreation (HPER) within the College of Education. The HPER Department employs
three full-time office assistants that assist all full-time faculty members and programs
with administrative and clerical work; no program is specifically designated. In addition
to the full-time assistants, the HPER Department utilizes approximately three part-time
work-study students that provide services with reception, typing, filing, photocopying,
and various tasks as deemed necessary by the Department administration and faculty. The
administrative structure and the number of clerical staff are similar to the other four
Departments in the College of Education. Therefore, the WMU-ATEP is compliant with

The new CAATE Standard B5.1 imparts efficiency through support of the ATEP,
both in staffing and services provided, as compared to other programs recognized and
offered by the ATEP’s host institution. However, it should be noted that Standard B5.1
could be evaluated as having an impact on financial resources if an ATEP was not
compliant and it was necessary for the ATEP to hire additional support staff.

Clinical Education Guidelines Related to Human Resources (Section J: Clinical
Education)

The new CAATE Sub-standards J3.5 evaluated under Section J that is associated
with Human Resources and that ATEP students’ clinical experience. Table 24 presents
the Sub-standard J3.5 evaluated under Section J, Standard J3.

The CAATE Standard J3 has a new Sub-standard J3.5 and two new additional
supporting Sub-section Standards J3.51 and J3.52. The Sub-standard J3.5 is evaluated
according to the Human Resources necessary to be deemed compliant while the
supporting Sub-section Standards were evaluated under Curriculum Resources due to their relevance to curricular related issues.

Table 24

**Human-related Sub-standard Evaluated Under the CAATE Section J (CAATE, 2005)**

<table>
<thead>
<tr>
<th>Evaluated defining requirements under Section J, Standard J3, Sub-standard J3.5, mandating students’ clinical experience requirements must be carefully monitored (CAATE, 2005).</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2005 CAATE Standards Evaluated:</strong></td>
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<td></td>
</tr>
<tr>
<td>J3.5 Closely monitored requirements</td>
<td>New</td>
<td>Human</td>
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</table>

The CAATE Standard J3 provides the basis for the new CAATE Sub-standard J3.5. The Standard and Sub-standard state that “clinical experiences must be contained in individual courses that are completed over a minimum of two academic years [J3]. . . . The students’ clinical experience requirements must be carefully monitored [J3.5]” (CAATE, 2005).

The students’ clinical experience rotations are assigned through six courses. It is the responsibility of the Clinical Coordinator to assign the students the clinical rotations, visit the students at the clinical education sites, and take care of any issues involving ACIs and assigned students. In order to meet the requirements of the new CAATE Sub-standard J3.5, the WMU-ATEP needed to hire a Clinical Coordinator. Upon hiring the full-time Clinical Coordinator as of the fall of 2007, the WMU-ATEP fulfilled the requirements of the Sub-standard J3.5.

The new CAATE Sub-standards J3.5 provides for an efficient means of requiring clinical education experience and successfully tying the experience to curriculum courses.
within the ATEP. Additionally, by requiring that the courses and adjacent clinical experiences to take place over a time period of two academic years and be closely monitored, these requirements allow for a significant amount of time to be spent practicing skills and knowledge gained through coursework while being provided with feedback and supervision.

Financial Resources Evaluated

For the purpose of this evaluative case study, financial resources evaluated were identified from the Sections of the 2005 CAATE Standards and Sub-standards outlining the requirements in the areas of: program director’s involvement with budgetary input; overall ATEP financial resources pertaining to financial support, budget, expendable supplies, capital equipment, and funding available for course instruction and operating expenses.

Financial Support for Personnel Needs, Responsibilities and Qualifications (Section B: Personnel)

Section B Standard B1.2, Sub-standard B1.23 is associated with Financial Resources in regards to the ATEP Director’s input and management of fiscal and budgetary issues. Table 25 presents the evaluated requirements under Section B.

The new CAATE Sub-standard B1.23 refers to budgetary input as part of Standard B1.2. Sub-standard B1.23 calls for the Program Director to have fiscal and budgetary input and management as determined by the institution (CAATE, 2005). Sub-standard B1.23 could also be seen as relative to being structural due to the organizational
framework of the WMU-ATEP and how the ATEP is run. Due to this, the Sub-standard was evaluated with both resources in mind.

Table 25

Financial-related Sub-standard Evaluated Under the CAATE Section B (CAATE, 2005)

<table>
<thead>
<tr>
<th>2005 CAATE Standards Evaluated:</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1.23 Budget input</td>
<td>New</td>
<td>Financial and Structural</td>
</tr>
</tbody>
</table>

In evaluation of the new CAATE Sub-standard B1.23, input by the Program Director is provided by following a series of steps; at the beginning of the academic school year the Department Chair provides the entire HPER Department with a budget report; when a purchase is necessary, the Program Director provides the Department Chair with a list or request for a necessary item and the purpose of the request; the Department Chair provides the Program Director with the amount of money that has been allocated to the ATEP and communicates whether the purchase will be possible, if additional funding will be sought, or if the purchase will not be possible at the time of the request. Therefore, the WMU-ATEP is evaluated as meeting the requirements of Sub-standard B1.23 and no further revision is necessary.

The new CAATE Sub-standard B1.23 may provide a means for mandating an efficient way for the Program Director to review, evaluate, and direct the financial well-being of the ATEP through communication with the institution. Additionally, Sub-
standard B1.23 may possibly provide for development of collegial relationships by increasing communication between the Program Director and institutional administrators.

**Program Financial Support (Section C: Resources)**

Section C of the CAATE accreditation Standards deals with resources. Table 26 presents the Standards and Sub-standards evaluated.

Table 26

*Financial-related Sub-standard Evaluated Under the CAATE Section C (CAATE, 2005)*

<table>
<thead>
<tr>
<th>Evaluated defining requirements under Section C, Standard C1.1, Sub-standards C1.31 through C1.34 and Standard C1.2 related to the management of adequate and equitable resources for the ATEP (CAATE, 2005).</th>
<th>Notation of change by the CAATE as compared to previous CAAHEP Standards:</th>
<th>Resource Evaluated Under:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2005 CAATE Standards Evaluated:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1.1 Has equitable/continuing financial</td>
<td>Better defined</td>
<td>Financial</td>
</tr>
<tr>
<td>C1.2 Comparable budget</td>
<td>Interpretation</td>
<td>Financial</td>
</tr>
<tr>
<td>C1.31 Expendable supplies</td>
<td>Interpretation</td>
<td>Financial</td>
</tr>
<tr>
<td>C1.32 Capital equipment</td>
<td>Interpretation</td>
<td>Financial</td>
</tr>
<tr>
<td>C1.33 Course instruction</td>
<td>Interpretation</td>
<td>Financial</td>
</tr>
<tr>
<td>C1.34 Operating expenses</td>
<td>New</td>
<td>Financial</td>
</tr>
</tbody>
</table>

Sub-section C1 relating specifically to financial resources. Standard C1.1 under Section C was previously under the CAAHEP Standards as IB2: Financial Resources and called for “the sponsoring institution shall provide and manage adequate and continuing resources to operate an athletic training educational program” (CAAHEP, 2001). The CAATE Standard C1.1 and underlying Standards and Sub-standards provide for a better and more efficient definition than the CAAHEP Standard in that it requires that “the
academic unit of the sponsoring institution must provide and manage adequate (as defined by C1.3), equitable and continuing resources necessary to operate an athletic training education program” (CAATE, 2005). This less generic and more direct request in the CAATE Standard C1.3 pinpoints that it is the Department that is responsible for providing the resources and not the entire institution. The resources are then further listed in Standard section C1.3 and Sub-standards (C1.31-C1.35), in that the funding must be available for expendable supplies (C1.31); capital equipment (C1.32); course instruction (C1.33); operating expenses (C1.34); and professional development (C1.35) (CAATE, 2005), thus leaving less interpretation for the ATEP. The previous CAAHEP Standard IB2: Financial Resources, provided for expendable supplies, capital equipment, and course instruction in its interpretation. The CAATE Sub-standard C1.34, referring to operating expenses, is new under Standard C1.3.

The WMU-ATEP is able to demonstrate compliancy with Standards C1.1 and C1.3 and all underlying Sub-standards C1.31-C1.35. The resources budgeted and made available to the WMU-ATEP are controlled under the discretion of the College of Education and the HPER Department Chair. As was provided for in the WMU self-study for initial accreditation (2004), the allocations of funding within the HPER Department are segregated into personnel and discretionary funds. Within the HPER Department, there are five programs that operate from this budget: Athletic Training, Exercise Science, Physical Education, Recreation, Community and Health Education. The expendable supplies, capital equipment, and resources needed to operate the WMU-ATEP are purchased through the discretionary funds of the HPER Department in conjunction with the Intercollegiate Athletics Department, which purchases clinical
supplies and clinical equipment from the budget that is used for the provision of medical services, but can also be used for the instruction of athletic training students. The financial resources necessary to fund course instruction is allocated through the University, while funding resources for professional development are provided through the HPER Department, the College of Education, and Western Michigan University through the Office of the Vice President for Research. In addition, the Graduate College strongly encourages and sponsors professional development activities. Funding from sources outside of the HPER Department itself must be applied for and is not guaranteed but is strongly encouraged and usually supported.

In addition to funding resources, the CAATE required that “the ATEP budget must be consistent and comparable with other academic programs funded by the sponsoring institution” (CAATE, 2005). This budgetary provision is found under the Standard C1.2 and, and is also documented as previously being written into the previous CAAHEP accreditation Standard IB2: Financial Resources. The CAATE has cited that Standard C1.2 was created as a change in the interpretation from the previous CAAHEP Standard IB2. In the previous wording of the CAAHEP Standard IB2, it was required that “the program must be provided with annual funding that is consistent with other programs that are funded by the sponsoring institution. The funding should include items such as expendable supplies, course instruction, operating expenses, and continuing education” (CAAHEP, 2001). Due to the change in the other Standards recorded under Section C of the CAATE Standards, all of the previous listed items of the CAAHEP Standard IB2 are now provided for and the WMU-ATEP is compliant with all Sub-standards associated with financial resources.
Under Section C, the evaluated Standard C1.1, Sub-standards C1.31 through C1.34 and Standard C1.2 related to the management of adequate and equitable resources for the ATEP provide for a more efficient explanation of the specific needs and functions that must be funded by the ATEP and supporting institution. By providing specificity to this area, an ATEP is presented with a basis to request support from the institution and protect its viability in ensuring that it received the same consistent and comparable support that other academic programs of the same institution receive.

Accreditation Process

Differences in the Application

Both the CAAHEP and the CAATE express that the accreditation process is voluntary and that the Chief Executive Officer (CEO) of the institution has to provide authorization for the application for accreditation. The initial process for seeking accreditation under the CAAHEP required that an ATEP provide an application for program accreditation made to the Joint Review Committee on Educational Programs in Athletic Training (JRC-AT), whereas with the CAATE, application for program accreditation is made directly to the CAATE. Both the CAAHEP and the CAATE require the submission of a formal application document. The JRC-AT and the CAATE both require a $500 accreditation service fee (JRC-AT & CAAHEP, 2001; CAATE, 2005).

Previously under the CAAHEP, new ATEPs would begin the accreditation process by following a two-year candidacy period after submitting an application for initial accreditation (JRC-AT & CAAHEP, 2001). According to the JRC-AT and the
CAAHEP, the application needed to be signed by the institution's CEO. Applicant institutions would then consult with the JRC-AT during program development for purposes of submission of the application, planning all aspects of the ATEP, and ensuring all steps of the accreditation process were completed, including CAAHEP action. Consultation with the JRC-AT was necessary for the purpose that the first class of students graduating, after successful achievement of accreditation had been granted, were considered graduates of a CAAHEP accredited program (JRC-AT & CAAHEP, 2001). The JRC-AT would then evaluate the application materials and, if necessary, request additional information from the program officials (JRC-AT & CAAHEP, 2001).

Both the CAAHEP and the CAATE necessitated that ATEPs perform several steps beyond submission of a formal application for accreditation. The CAATE provides that the ATEP perform a Comprehensive Review for Accreditation Process (Comprehensive Review) (CAATE, 2005). According to the CAATE accreditation process (2005), the Comprehensive Review encompasses two components, the Self-Study Process and the On-Site Review. The CAAHEP required that all programs develop and submit three bound copies of a Self-Study Report. Additionally, the ATEP must provide acceptable dates for an on-site evaluation within the months identified by the JRC-AT (JRC-AT & CAAHEP, 2001).

According to both the JRC-AT (2001) and the CAATE (2005), the purpose of the on-site visit or review is to utilize trained site visitors or peer evaluators to apply the Accreditation Standards as a template by which ATEPs are reviewed in comparison to the Self-Study Report. The site-visitors or peer evaluators work together "to validate the information and findings identified during the self-study process. It is also the purpose of
the on-site visit to validate that an educational program meets all of the educational requirements that are expected of an accredited program" (CAATE, 2005).

*Self-Study Report (CAAHEP vs. CAATE)*

Both the CAAHEP and the CAATE require a self-review of the ATEP applying for accreditation, a Self-Study. According to the JRC-AT and the CAATE, the purpose of the Self-Study is to perform an analysis of the ATEP using the Accreditation Standards as the criteria (JRC-AT & CAAHEP, 2001; CAATE, 2005). The findings of the study are amassed into a report presenting the methods and findings of the self-study process. The purpose of the study, if done correctly as the CAATE (2005) surmises, is to “identify programmatic strengths, weaknesses, areas for improvement, and potential opportunities to improve the effectiveness and quality of an educational program” (CAATE, 2005).

The only difference between the CAAHEP and the CAATE in identifying the characteristics of an acceptable Self-Study Report is that the CAATE requires the incorporation of one copy of the completed assessment forms, wherever applicable (CAATE, 2005).

The instructions and suggestions for developing a Self-Study Report are the same for both the CAAHEP and the CAATE. The directions for the steps of producing and submitting the Self-Study Report are similar in their synopsis.

*Site Visit (CAAHEP vs. CAATE)*

The CAAHEP and the CAATE both state that the purpose of the an accreditation site visit is to confirm the information that an ATEP provides in the submitted Self-Study
Report and evaluate an ATEP’s compliance with the Accreditation Standards (JRC-AT & CAAHEP, 2001; CAATE, 2005). The stipulations and procedures of the site visit have not changed in accordance with the change from the CAAHEP as the recognized accrediting body to the CAATE (JRC-AT & CAAHEP, 2001; CAATE, 2005).

Materials Provided During Site Visit (CAAHEP vs. CAATE)

The previous materials that the CAAHEP mandated must be made available to the on-site visitation team included 21 points, whereas the CAATE requires 9. The differences between the two accrediting organizations include several points. Of the 21 items required to be on-site by the CAAHEP for the site-visitors, the CAATE instead requires 17 of the 21 items to be part of the ATEP’s Self-Study, specifically via the inclusion of assessment forms. The 17 items include:

1. Current academic catalog/bulletin
2. Current application form, criteria, etc.
3. Copy of current NATABOC card for all involved ATCs
4. Listing of clinical supervisors and students they supervise
5. Job description of clerical and support person(s) who assist athletic training education program tasks
6. Institutional Professional Growth Policy
7. List of electronic resources available to program faculty, students, and staff
8. List of periodicals maintained by program (indicate location of storage and dates of issues)
9. Listing of appropriate periodicals owned by host institution and dates of issues
10. Current course syllabi


12. A copy of the program policy and procedure manual

13. List of textbooks utilized in program (and if required or recommended)

14. Floor plans of all clinical areas

15. List of instructional use on-campus therapeutic modalities, rehabilitation, and health assessment equipment available at each clinical site. Provide listing of equipment and accessibility at each site.

16. List of instructional use first aid and emergency care equipment and supplies available for instruction and clinical use at each site. Provide listing of equipment and accessibility at each site.

17. List of equipment inspection dates for all instructional modalities and equipment (on campus and affiliated sites), and current inspection dates for the equipment

The CAATE provides three differences in the request for on-site materials as compared to the information required by the CAAHEP. The modified items include:

1. Recruitment materials: letter to prospective student, web site pages, application forms, program education goals, mission statement

2. Completed copies of technical standards of the program

3. Student employment policies of the college/university and program
Report of Findings Response (CAAHEP) vs. Site Visit Report Response (Rejoinder) (CAATE)

Both the CAAHEP and the CAATE send the site visit report “to the appropriate academic administrator of the sponsoring institution and the Program Director to be shared with other institutional personnel” (JRC-AT & CAAHEP, 2001; CAATE, 2005). The site visitors report provides any areas of deficiency or noncompliance with the Accreditation Standards that the site visit team found during the time of the on-site review (JRC-AT & CAAHEP, 2001; CAATE, 2005).

Program Response Review (CAAHEP) vs. Program Rejoinder Review (CAATE)

The overall “wording” of the Rejoinder process is different between the two organizations. However, the synopsis of the areas the Rejoinder must cover and include remains the same.

Accreditation Recommendation to CAAHEP vs. Accreditation Actions (CAATE)

According to the past accreditation guidelines under the CAAHEP, the JRC-AT would make a recommended decision regarding the accreditation to the CAAHEP on behalf of the applying ATEP. The length of the status of accreditation would be granted by the CAAHEP according to the recommendation of the JRC-AT along with any steps an ATEP would have to make in accordance to addressing any areas of noncompliance with the Accreditation Standards or any requests for progress reports (JRC-AT & CAAHEP, 2001).
In comparison, under the guidelines of the CAATE, the decision for accreditation action is conveyed by the CAATE through receipt of an official letter that categorizes the “length of accreditation and also cites areas of non-compliance with the Standards” (CAATE, 2005). As is the case with the CAAHEP, “depending on the length of the accreditation award and the severity of the Standards still remaining in non-compliance, a Progress Report may be requested” (CAATE, 2005).

Accreditation Award (CAAHEP vs. CAATE)

If an ATEP is awarded the status of accreditation, the CAATE provides guidelines for the maximum categories: an ATEP may receive a maximum of five years for initial accreditation status and a maximum of seven years for continuing accreditation. In the JRC-AT and CAAHEP’s Self-Study Report Instructions for the 2001 Accreditation Standards and Guidelines, there are no specific maximum or minimum presented in the section labeled Accreditation Award (JRC-AT & CAAHEP, 2001d; CAATE, 2005).

Timetable for the Accreditation Process (CAAHEP vs. CAATE)

The CAAHEP timetable for the accreditation process identifies six areas, whereas the CAATE classifies five. All of the steps are the same except for minor stipulations. The CAATE mandates that the “self-studies must be received in the CAATE executive office on or before June 1 or on or before September 15” (CAATE, 2005). Additionally, under the CAATE, ATEPs are considered for accreditation during scheduled semi-annual meetings that take place in the months of January or February and July (CAATE, 2005).
Under accreditation under the CAAHEP, the JRC-AT would first meet to review an ATEP and make consideration for accreditation during the JRC-AT’s semi-annual meetings which took place during the months of March and August. The JRC-AT would then make a recommendation to CAAHEP and the CAAHEP rulings took place during regular quarterly meetings in the months of April, July, October, and January (JRC-AT & CAAHEP, 2001). Institutions and ATEPs would then receive notification swiftly after the respective quarterly meeting (JRC-AT & CAAHEP, 2001).

**Fees (CAAHEP vs. CAATE)**

Both the CAAHEP and the CAATE require an initial accreditation fee and annual program fee to assist with the functioning of the accrediting organizations (JRC-AT & CAAHEP, 2001; CAATE, 2005). However, the CAAHEP additionally required an annual institutional fee of $300 to “assist with the functioning of CAAHEP” (CAAHEP, 2001). The CAATE has no such additional fee.

**Summation of Accreditation Process**

The process of accreditation between the CAATE and CAAHEP is composed of very similar steps. The notable changes include the application to the accrediting organization, inclusion material for the Self-study, on-site review materials, decision regarding accreditation status, accreditation award, timetable for the accreditation process, and fees.
Instead of the potential ATEP applying for accreditation to a "middle-man," being the JRC-AT, an ATEP now applies directly to the accreditor, the CAATE. By applying directly to the accreditor, the process has been evaluated as being more efficient.

The CAATE Self-study requires more in-depth material to be provided in the area of assessment forms. The inclusion of assessment forms within the Self-study decreases the amount of materials that an ATEP must provide on-site to accreditation reviewing site-visitors. By ATEPs providing material beforehand to the accreditor, instead of for review when site-visitors arrive to the institution, the process is more professional and efficient. The three additional items that the CAATE requires to be provided to the site-visitors have been evaluated as easy to put together and relevant to being reviewed in person as opposed to as enclosed documents.

The difference in where the decision of awarding accreditation status has changed. In the past, the decision went from the JRC-AT to CAAHEP, from CAAHEP back to the JRC-AT, and then from the JRC-AT to the applying institution. Now the accreditation decision is reviewed by the CAATE and communicated directly back to the applying institution. By cutting out the "middle-man," better communication is developed, thus increasing the efficiency of notification and providing for a more professional process. Additionally, with the length of time that an ATEP can be awarded accreditation, the CAATE has become more efficient. Instead of an ATEP guessing as to how long they will receive initial or continued accreditation, the CAATE has provided specificity.

In evaluation of the timetable for the accreditation process itself, there are no real changes between the CAAHEP and the CAATE. In reading the timetable, the CAAHEP
lists six steps, whereas the CAATE provides five. In closer review, the only change is that the wording is slightly different. Advisement for when the accrediting body meets and when the action or award of accreditation is given is combined in the CAATE timetable, whereas the CAAHEP separates the two areas, therefore providing for one additional step in the CAAHEP timetable.

In conclusion, the cost to an ATEP seeking and maintaining accreditation through the CAATE is cheaper. The CAAHEP required an additional $300 annual institutional fee to aid with the functions of the CAAHEP, whereas the CAATE institutes no such fee. The CAATE may be evaluated as improving collegial relationships between itself and the institutions that it accredits due to the decrease in cost.

Summary

The necessities and challenges of seeking and maintaining accreditation and the effects that accreditation can have on educational organizations, institutions, and programs of study can be enormous. Though seeking and maintaining accreditation is voluntary, many institutions and programs of study are left with no choice but to seek accreditation if they want to exist.

Given the necessary transition, this case study evaluated the effort and resources that were necessary to guide the Western Michigan University’s Athletic Training Education Program (WMU-ATEP) through the transition of meeting the requirements from the previous 2001 CAAHEP Accreditation Standards and Guidelines (CAAHEP, 2001a) and Accreditation Process for Educational Programs in Athletic Training (CAAHEP, 2001b) to the satisfying the requirements of the 2005 CAATE Standards for
the Accreditation of Entry-Level Athletic Training Education Programs (CAATE, 2005c) and Comprehensive Review for Accreditation Process (CAATE, 2005a).

One hundred and twenty-two Sections, Sub-sections, Standards, Sub-standards, and Sub-section Standards of the 2005 CAATE Accreditation Standards were evaluated as to the effort and resources that would be necessary for the WMU-ATEP to satisfy the necessary requirements. One hundred and thirty-seven Sections, Sub-sections, Standards, Sub-standards, and Sub-section Standards were not evaluated during the evaluation because there were not any changes noted due to the transition from the CAAHEP to the CAATE; the 2005 CAATE Accreditation Standards adopted the same guidelines.

The effort and resources necessary for an ATEP to meet the requirements delineated in each Section of the 2005 CAATE Accreditation Standards were not evaluated as being greater than before, under the CAAHEP, but instead the evaluation found that the overall processes of meeting the requirements were more efficient. Efficiency was increased due to the CAATE providing new conditions that were clearly laid out and provided no need for further interpretation, as was necessary with the 2001 CAAHEP Accreditation Process and Accreditation Standards (CAAHEP, 2001a, 2001b). Additionally, the CAATE took the interpretation section of many of the previous 2001 CAAHEP Accreditation Standards and created separate specific CAATE Standards that clearly outlined the exact requirements.

Besides increasing efficiency, the development of the new and revised 2005 CAATE Sections, Sub-sections, Standards, Sub-standards, and Sub-section Standards was evaluated as helping to foster more collegial relationships between stakeholders and develop professional attitudes and practices among faculty, staff, and students. The
results of the evaluation also illustrated that the requirements of the 2005 CAATE Accreditation Standards may develop more respect for the athletic training profession as a whole.

The accreditation process of application and maintenance of accreditation status was not found to be immensely varying between the CAAHEP and the CAATE. The changes in application to the accrediting organization, inclusion material for the Self-Study, on-site review materials, decision regarding accreditation status, accreditation award, timetable for the accreditation process, and fees were considered the most salient and overall provided for the process to be more efficient and removed unimportant steps and unnecessary information.

Overall, the goals that the CAATE had proposed with the transition away from the CAAHEP may serve to increase the recognition of the athletic training profession and its ability to move forward and distinguish itself among all allied health professions. As ATEPs make the effort of transitioning to satisfy the requirements of the 2005 CAATE Accreditation Standards and Accreditation Process, further results will become evident if in fact the necessary structural, curricular, human, and financial resources will provide for flexibility, efficiency, and the promotion of a high level of professionalism and collegial relationships. The evaluation of the WMU-ATEP has shown positively that the transition has met these goals presented by the JRC-AT and the CAATE.
CHAPTER V

SUMMARY AND DISCUSSION

This chapter provides (a) an overview of the study, (b) significant findings, (c) an examination of the findings by resource, (d) findings from the evaluation of the Accreditation Process, (e) overall summary of findings, (f) considerations and implications in relation to existing research studies, (g) implications of the study for professional practice, (h) insights, and (i) recommendations for further research. I also included personal reflections on the research process.

Overview of the Study

The function of accreditation in higher education is to identify institutions and programs that provide a quality education and to hold these groups to a level of accountability for doing so (CHEA, 2006; Wood, 2006). The goals of accreditation in many professions, specifically the allied health profession and education field of athletic training, are not only to provide students with an exceptional educational program, but also to work towards the betterment of the athletic training profession and the professional image (Craig, 2003).

The purpose of this qualitative case study was to utilize Western Michigan University’s Undergraduate Athletic Training Professional Program (WMU-ATEP), as an illustrative case, to evaluate the resources and efforts required to satisfy the requirements of the 2005 CAATE Standards for the Accreditation of Entry-Level Athletic Training
Education Programs and Comprehensive Review for Accreditation Process when it made the transition from the requirements of the 2001 CAAHEP Accreditation Standards and Guidelines and Accreditation Process for Educational Programs in Athletic Training.

Under evaluative review was the CAATE Accreditation Process and 122 of the 2005 CAATE Accreditation Sections, Sub-sections, Standards, Sub-standards, and Sub-section Standards. Of the 122 2005 CAATE Accreditation Standard areas that were evaluated, 62 were identified as being new and 60 were taken and revised from sections of the previous 2001 CAAHEP Accreditation Standards and accompanying Interpretation Manual.

The case study did not evaluate 137 of the 2005 CAATE Sections, Sub-sections, Standards, Sub-standards, and Sub-section Standards because there were no changes noted in the requirements of the 137 areas; the 2005 CAATE Accreditation Standards adopted the same guidelines as the previous 2001 CAAHEP Accreditation Standards.

The efforts put forth by educational organizations, institutions, and programs in overcoming challenges and meeting accreditation requirements can be enormous. Although seeking and maintaining accreditation is voluntary, many institutions and programs of study are left with no choice but to seek accreditation if they want to offer specific educational programs, attract students, and be allocated funding (Berdahl & McConnell, 1999). A review of the literature revealed many articles and reports regarding accreditation: the categories, purposes, providing agencies, and necessity. What had not been researched, in depth, were the resources required by educational institutions and programs to achieve or maintain accreditation when transitioning from one accrediting body to another. Additionally, only minimal past research had been performed to
determine the effort required to satisfy and meet all the necessary accreditation requirements.

To conduct this case study I used content analysis, document evaluation, and personal correspondence. As the qualitative researcher, and Program Director of the WMU-ATEP, I was the primary instrument for data collection and analysis in this case study. Because of my unique position and involvement, I was a participant-observer.

Significant Findings

This case study found that there is a true deficiency in literature and research describing the effort that is required of institutions and educational programs in satisfying the requirements of accreditation when transitioning from the conditions of one recognized accrediting body to another. Over 341 athletic training education programs (ATEPs) have worked to make the transition from the requirements of the 2001 CAAHEP Accreditation Standards and Guidelines and Accreditation Process for Educational Programs in Athletic Training to satisfying the requirements of the 2005 CAATE Standards for the Accreditation of Entry-Level Athletic Training Education Programs and Comprehensive Review for Accreditation Process. Institutions and programs that are investigating the future development of their own ATEP must be aware of the effort of establishing and satisfying the CAATE Accreditation requirements; the findings of this study should assist future ATEP development.

This case study evaluated several areas. The study first identified the 2005 CAATE Accreditation Standards that were new or revised in comparison with the previous 2001 CAAHEP Accreditation Standards. The case then went on to compare the
two Accreditation Processes. Evaluation then took place of the structural, curricular, human, and financial resources that were necessary to satisfy the requirements of the 2005 CAATE Standards for the Accreditation of Entry-Level Athletic Training Education Programs and Comprehensive Review for Accreditation Process when it transitioned from the 2001 CAAHEP Accreditation Standards and Guidelines and Accreditation Process for Educational Programs in Athletic Training. The next step was to recognize the effort or steps the WMU-ATEP took to satisfy the requirements. Lastly, the case evaluated the 2005 CAATE Accreditation Standards and Process to determine if they provided for more flexibility, efficiency, promotion of professionalism, or the development of collegial relationships among ATEP stakeholders, as compared to the previous 2001 CAAHEP Accreditation Standards and Process.

The 122 2005 CAATE Accreditation Standard areas that were evaluated as to the structural, curricular, human, and financial resources required to satisfy the conditions delineated were not found to demand resources that were greater than the 2001 CAAHEP Accreditation Standards. Instead, the study found that the overall courses of action necessary to satisfy the requirements of the evaluated 2005 CAATE Standards were more efficient. The 122 evaluated areas provided more clarity and an accompanying interpretation was not necessary.

In addition to increasing efficiency, the development of the new and revised 2005 CAATE Accreditation Standards were found to help foster more collegial relationships between stakeholders and assist in developing professional attitudes and practices among the WMU-ATEP faculty, staff, and students. The results of the evaluation also indicated
that the requirements of the 2005 CAATE Accreditation Standards may develop more respect for the athletic training profession as a whole.

The process of application and maintaining accreditation was not found to be immensely varying between the CAAHEP and the CAATE. The changes in application, self-study, on-site review materials, awarding status, process timetable, and fees were found to make the CAATE Accreditation Process more efficient and discarded unimportant steps and the gathering of unnecessary information.

The research questions were broken down further into affected resources and classified into areas of efficiency, flexibility, professionalism, and collegial relationships. The individual areas, summary, and conclusions are presented below.

Accreditation Standards: Findings by Resource

Structural Resources

Predominantly, this case study found that structural resources were affected the most with ATEP satisfying the requirements of the 2005 CAATE Accreditation Standards. There were 67 of the 2005 CAATE Accreditation Standard areas that were identified as having an effect on the WMU-ATEP’s structural resources. Out of the 67 areas, 31 were identified as new and were not part of any previous 2001 CAAHEP Accreditation Standards or accompanying interpretation. Twenty-one of the identified new areas specifically dealt with structural resources, while the remaining 10 new areas were shared with the other resources. Primarily, the areas most affected by structural resources were sponsorship of affiliated sites, student records, assessment, clinical
education supervision, and communication. Several of the areas evaluated were categorized as affecting more than one resource and contributing to multi-levels of efficiency, flexibility, professionalism, or the development of collegial relationships.

A study performed by Smith (1990) found that when changes in structure were mandated by an accrediting body, the changes could be viewed as a positive and not a negative, specifically when the changes or additions were explicit to the mission of the educational field or organization. Collins (1997) went on to find that accreditation could promote consistency and increase higher than minimum expectations of program performance. The quality and efficiency of the structure of a program could encourage positive outcomes in reference to the delivery of quality education (Collins, 1997; Mathies, 1993; Roth, 1989; Smith, 1990).

This case study found that the changes and additions the CAATE made were relevant to athletic training education and not generic in nature. Over time, the changes to the structure may establish a continued positive improvement in the athletic training educational process and the profession.

Efficiency. Fifty-two of the 67 2005 CAATE Accreditation Standard areas that were categorized as affecting structural resources of the WMU-ATEP were identified as providing for efficiency. The study found that the delineated requirements for the 52 2005 CAATE Accreditation Standard areas either provided more specific and efficient requirements or that by instituting the requirements, the WMU-ATEP became a more efficient educational program.

The biggest area of the new structural related CAATE Accreditation Standard areas that were identified as contributing to efficiency, dealt with the components of
student records. There are now 10 newly mandated components to be included in each individual student record. By the CAATE providing the list of components, an ATEP can gather the exact information that is necessary for compliance; keeping students records is now more efficient.

*Flexibility.* Thirteen of the 67 2005 CAATE Accreditation Standard areas were identified as providing for flexibility. The requirements of the identified areas allowed the ATEP flexible ways of meeting the defined requirements via autonomous decision making.

Examples of positive flexibility, found within the structure of the ATEP, could be found in the requirements of educational sites, specifically the use of remote sites for classroom and clinical education rotations. The CAATE does not require an ATEP to utilize remote sites, therefore allowing the ATEP the flexibility of allowing where their sites are and where education is provided.

In addition, the areas of on-going assessment and evaluation of ATEP effectiveness allows for flexibility. The CAATE standards provide structure and efficient guidelines in the areas that must be covered in the assessment, but the ATEP has the autonomy to figure out how to implement assessment according to their own mission and goals.

*Professionalism.* Of the 67 structural categorized 2005 CAATE Accreditation Standard areas, 21 were found, through their mandated requirements, to foster and encourage professionalism. The guidelines of those identified areas either promoted professional practice or performance of requirements and skills found within the ATEP or the promotion of professional disposition in the occupation of athletic training.
The ability to develop professionalism through competency and proficiency of skills was found to be clearly delineated in the CAATE Accreditation Standards. Examples of the development of professional practice included the guidelines that all educational sites provide the same opportunities and that skills are taught in the classroom before being evaluated or performed during clinical education rotations.

In addition to guidelines leading to the development of professional practice were the CAATE Accreditation Standards that dealt with the fostering of a professional disposition. Several standards and underlying sub-standards dealt with technical standards of admission and an ATEP student being able to verify, through a comprehensive physical examination, that they could handle the physical demands of the athletic training profession. Additionally, the CAATE Accreditation Standards require that 75% of students’ clinical education rotations are to be performed under the supervision of an ACI; this provision directly assists in certified athletic trainers being role-models and contributes to the students’ understanding of what to expect in the athletic training profession.

*Collegial relationships.* Nine of the structural affecting 2005 CAATE Accreditation Standard areas helped to develop collegial relationships within the WMU-ATEP. Above all, it was found that several of the evaluated areas required structured and planned communication among several areas of ATEP stakeholders. The communication that had taken place has assisted the WMU-ATEP in identifying students with performance issues and helped to make various successful revisions to the structure of certain areas of the ATEP.
Curricular Resources

The case study identified 52 of the 2005 CAATE Accreditation Standard areas as directly affecting curricular resources. Twenty-eight of the 52 areas were new, with 20 being specifically related to curricular resources and the remaining eight were shared with the other three resources.

The areas most affected by curricular resources were: the program director’s responsibilities involving curriculum planning; equitable distribution of educational opportunities; curriculum and instruction; and curricular related areas of ACI and CI training.

Collins (1997) found that when the standards and guidelines of accreditation were designed specifically for an educational program, there could be continuous improvement within the education system over time. There has to be “buy-in” of those involved, but the positive benefits of accreditation, in regards to curricular issues, may provide for an increase in the educational outcomes as well as assist in identifying academic values and quality assurance (Eaton, 2003; Smith, 1990; U.S. Department of Education, n.d.).

The results of this study found that the CAATE required specific learning components be achieved; specific exposure to equipment, resources, and skills; and the involvement of and exposure to other allied health professions within the curriculum plan. The findings of this case study support that the revised and additional curricular-related 2005 CAATE Accreditation Standard areas are specific to the education of the athletic training student and are not “generic” standards that may be found in any educational program. The evaluated areas were specific to increasing the aptitude of the
ATEP students and assisted faculty and staff in providing a comprehensive educational environment.

Efficiency. Of the 52, 40 of the curricular evaluated 2005 CAATE Accreditation Standard areas were found to either more efficiently explain requirements or provided for the WMU-ATEP to perform certain curricular duties more efficiently. The largest curricular areas that contributed to efficiency were the guidelines for ACI training. Because ACIs are directly involved with students attaining competency and proficiency in curricular-taught skills, the areas that the CAATE delineated as to be covered during the training were clear and concise: The ATEP does not have to guess as to what needs to be included; therefore, the ACI is able to perform certain curricular duties more efficiently.

Flexibility. Twenty-one of the curriculum resource identified 2005 CAATE Accreditation Standard areas provided for flexibility; flexibility as provided through autonomy. Specifically, the areas found to contain flexible provisions for fulfilling the CAATE requirements dealt with ACI training, curriculum, instruction, and assessment tools. Though the requirements for these areas are clearly delineated by the 2005 CAATE Accreditation Standards, the CAATE provides autonomy to the ATEP as to how the educational program may perform the training, design the curriculum, provide instruction and perform assessment. Additionally, the CAATE encourages ATEPs to add additional areas that are important to each individual program.

Professionalism. Further evaluation of the curricular resources related to the 2005 CAATE Accreditation Standards yielded 34 areas that were found to lend to professionalism. The areas that pertained to the training that the Approved Clinical Instructors (ACIs) received directly affected the professional development and disposition
of ATEP curriculum students. Additionally, the inclusion of other professionals and
equipment for exposure and instructional purposes aided to professional practice and skill
development for students.

Collegial relationships. In the final review of the curricular related 2005 CAATE
Accreditation Standard areas, I found 14 areas that lent to the further development of
collegial relationships within the WMU-ATEP. Once again, I found that the areas that
outlined plans of communication and involvement assisted with keeping all stakeholders
engaged and allowed for positive changes within the ATEP.

Human Resources

There were 22 identified 2005 CAATE Accreditation Standard areas that most
affected human resources. Eleven of the 22 areas were identified as new, with nine of
them being specifically related to human resources and the remaining two were shared
among the other resources. The areas that most affected human resources dealt with:
administrative and departmental position qualifications, requirements, job duties; and
CIE, ACI and CI roles and responsibilities.

A strain on time and increase in duties can prove to be a major predictor of
whether a program will be successful or not (Collins, 1997; Roth, 1989; Strutz & Gilje,
1990; Volkwein et al., 2006). Mathies (1993) found, in review of other allied health
professions, that the effect of accreditation brought about unity among the stakeholders
involved with the accreditation process. Additionally, Smith (1990) also found that
accreditation could bring about unification of a professional educational unit.
The findings of this study would support the results of the studies by the researchers indicated. Several of the 2005 CAATE Accreditation Standards required specific interaction and communication between groups. At times conflicts would arise between groups, specifically when changes needed to be made or everyone did not share the same ideas, but overall, communication opened pathways that were not previously found under the 2001 CAAHEP Accreditation Standards.

*Efficiency.* I found that 15 of the 22 human-resource related 2005 CAATE Accreditation Standard areas provided for efficiency. The areas identified provided for more efficient ways in which to delegate individual responsibilities, identify position qualifications, fulfill staff support needs, and meet the requirements for monitoring students' clinical education experiences.

*Flexibility.* I found only four of the human-resource categorized CAATE Sub-standards dealt with flexibility issues. The four Sub-standards fell under the Section B: Personnel, Standard B1.3. The Sub-standards were B1.31 through B1.34 and provided the requirements of the qualifications that a Program Director must possess.

Through my evaluation, I found that the requirements of the four Sub-standards, B1.31 through B1.34, decreased the amount of flexibility and autonomy an ATEP has in choosing a Program Director. Specifically, because of the required years of certification and practice, an ATEP that hired a Program Director before the present requirements may lose their Director if they did not possess 5 years of experience as a certified athletic trainer. Additionally, the requirements may decrease the pool of potential Program Directors to choose from.
Professionalism. Of the human-resource-related 2005 CAATE Accreditation Standard areas, 17 were found to provide or promote professionalism. The majority of the areas dealt with required position qualifications, thus promoting professional-level and experienced individuals to fill the roles indicated. However, this may also be viewed as decreasing an ATEP’s flexibility of choosing from a “pool” of candidates for filling positions.

Collegial relationships. Only one human-resource classified CAATE Sub-standard was identified as lending to the further development of collegial relationships: Sub-standard B2.22, under Standard B2.2, Section B2: Faculty and Instructional Staff. The requirements of Sub-standard B2.22 help to build relationship and communication skills between an ATEP student and the assigned, supervising ACI.

Financial Resources

Financial resources were the least influenced by the WMU-ATEP meeting the requirements of the 2005 CAATE Standards. In my evaluation, I found only nine areas that were influenced. Four of the nine areas were identified as being new, with one new sub-standard strictly affecting financial resources, while the remaining three new areas were shared among the other resources.

The primary areas most affected by financial resources were: Program Director’s involvement with budgetary input; overall ATEP financial resources pertaining to financial support, budget, expendable supplies, capital equipment, and funding available for course instruction and operating expenses.
As Berdahl and McConnell (1999), Collins (1997), and Gayle et al. (2003) found, funding can become a major drawback for an institution or program making the decision to pursue accreditation. Because financial resources were not tremendously impacted in order to satisfy the requirements of the 2005 CAATE Accreditation Standards, this may prove a positive in supporting the accrediting body.

**Efficiency.** All nine of the identified areas provided more “streamlined” efficiency in regards to budgetary needs and taking care of equipment. The requirements of the evaluated areas ensured that ATEP administrators, employees, and the ATEP, as a whole, received equal funds and consideration in terms of budgetary issues.

**Flexibility and professionalism.** None of the nine areas were recognized as providing or promoting flexibility. However, there was one Standard, under Section F: Health and Safety that was identified as promoting professionalism. Standard F5 promoted professional practices through respect and implementation of modality equipment safeguards; the safeguards protect all those using the equipment and all patients receiving therapy.

**Collegial relationships.** Lastly, one of the nine identified areas was recognized as affecting collegial relationships. Sub-standard B1.23 allowed for direct involvement and communication of the Program Director with department and institutional administrators in regards to fiscal and budgetary input and management (CAATE, 2005).

**Accreditation Process Findings**

Accreditation necessitates a tremendous amount of financial support, human capital, and time commitment, most notably indicated in the process and preparation of
the Self-Study, ensuing site visit, and need for possible further work to demonstrate compliance in any areas noted as not complying with Accreditation Standards (Collins, 1997, Mathies, 1993; Roth, 1989; Strutz & Gilje, 1989). The time commitment that accreditation demands can oftentimes lead an academic institution or individual program to lose focus on their goals and question why they are pursuing accreditation in the first place (Johnson, Johnson, Farenga, & Ness, 2005; Strutz & Gilje, 1989; Volkwein et al., 2006). Negative stress, anxiety, as well as less than enthusiastic attitudes, may emerge among all stakeholders as the work towards seeking accreditation continues (Collins, 1997; Mathies, 1993; Roth, 1989). However, when an accreditation process and its accompanying standards and guidelines are specific to an educational program and profession, and the individuals involved can see the “big picture,” then a positive outcome and a strong commitment to excellence can ensue (Roth, 1989).

According to the section entitled The Concept of Comprehensive Review for Accreditation of the CAATE’s Comprehensive Review for Accreditation Process and Instructions for Submitting a Self-Study (2005b) (located on the CAATE website: http://www.caate.net/), when the steps of the Accreditation Process are followed and utilized to their fullest potential, the Process allows an ATEP “to critically examine, in structure and substance, its overall effectiveness relative to its mission and outcomes and to assist the institution in determining necessary programmatic modifications and improvements” (¶ 1).

The case study’s research questions guided the evaluation of the CAATE Accreditation Process in comparison to the previous CAAHEP Accreditation Process. A content analysis was performed to distinguish the similarities and differences between the
two processes. The CAATE Accreditation Process directions were then analyzed in regards to providing efficiency, flexibility, the promotion of professionalism, or collegial relationships as compared to the previous CAAHEP Accreditation Process. The following sections present the summation of the findings relevant to the CAATE Accreditation Process.

Efficiency

The results of the analysis of the CAATE Comprehensive Review for Accreditation Process versus the CAAHEP Accreditation Process for Educational Programs in Athletic Training, presented several points that contributed to an increase in efficiency. I found that the steps for the application for accreditation, assessment forms to be completed as part of the submitted Self-Study, communication between the CAATE and ATEP, and the notification of the status award of accreditation were simplified and unnecessary steps and requirements were removed; the overall CAATE Accreditation Process was streamlined.

Flexibility and Professionalism

No areas of the CAATE Accreditation Process were highlighted as providing more flexibility or professionalism. These two findings may be overshadowed by the overall increase of efficiency; in other words, the CAATE Accreditation Process is well laid out; the requirements and steps are provided and an ATEP puts forth the effort to meet the requirements, submits or assembles the necessary information, or it does not. There are no gray areas; the guidelines for the CAATE Accreditation Process are black
and white and, therefore, this takes away any need for flexibility, on behalf of the ATEP, while promoting professional practice through clear and concise instructions.

**Collegial Relationships**

In terms of developing or promoting collegial relationships, the effort of fulfilling the requirements of the CAATE Accreditation Process is not a one-person job. The steps of meeting the requirements for accreditation take the work of many individuals, many of whom are not directly involved exclusively with the ATEP. In view of the teamwork that is necessary, fulfilling the requirements of the *CAATE Accreditation Process* may be viewed as continuing and or developing collegial relationships.

**Overall Summary of Findings**

Overall, my findings support the statement presented in the frequently asked questions and answers document, supplied by the JRC-AT (n.d.), that the 2005 CAATE Standards for Accreditation "were" expected to change very little from the 2001 CAAHEP Accreditation Standards. Both the 2005 CAATE *Standards for the Accreditation of Entry-Level Athletic Training Education Programs* and *Comprehensive Review for Accreditation Process* did, in fact, change very little in comparison to the previous 2001 CAAHEP *Accreditation Standards and Guidelines* and *Accreditation Process for Educational Programs in Athletic Training*. Although the findings of this case study do not prove that statement to be true, it does align itself with the goals of the JRC-AT and the CAATE.
Taken as a whole, I found that the CAATE made an overall positive change when it took a vast amount of sections of the CAAHEP Interpretation Manual, which accompanied the 2001 CAAHEP Accreditation Standards, and assigned specific, self-explanatory Sections, Sub-sections, Standards, Sub-standards, and Sub-section Standards that provided exact requirements that were needed for compliancy.

Consequently, there were 95 of the 2005 CAATE Accreditation Standard areas that either made the ATEP more efficient or provided ways to perform tasks more efficiently: 26 that were identified as providing varying degrees of flexibility; 58 worked to promote professionalism within the ATEP, supplied curriculum students with the exposure to other professionals, or provided the demonstration of professional practice and disposition characteristics; and 21 identified areas assisted in developing collegial relationships among all ATEP stakeholders, primarily through communication.

Implications and Considerations Relative to Existing Research

The main purpose of accreditation is to ensure a program or institution has met certain delineated standards and guidelines (Phillips, 2004). Many educational programs and institutions pursue accreditation in order to attract students, meet eligibility requirements for receiving funding, and, overall, distinguish themselves from programs that do not meet recognized and standardized guidelines (Alstete, 2004; Berdahl & McConnell, 1999). Although seeking accreditation is voluntary and self-regulatory, to not be accredited would mean to not be officially recognized as meeting established standards and guidelines.
I found few past studies focused on the course of action or necessary effort that must be taken by an institution or an educational program in order to satisfy the requirements of an accreditation body’s associated standards and process. The limited past research that had been done, including studies that focused on transitioning from the requirements of one accrediting body to those of another, found that areas such as resources, financial support, rationale for seeking accreditation, and the question of what would the status of receiving accreditation mean to the educational program if it were to be achieved, needed to be evaluated in depth (Brathwaite et al., 2006).

In summary, this case study and past studies found that programs that implemented process and guideline changes, due to being mandated by a new accrediting body, saw a catalyst of change in relation to performance and efficiency (Volkwein et al., 2006). Though the process and effort of meeting all the requirements of accreditation may strain time and resources, the effort put forth by meeting the requirements of a new model can provide positive changes (Collins, 1997; Roth, 1989; Volkwein et al., 2006).

Implications for Professional Practice

In the pursuit of quality, athletic training is not alone (Peer & Rakich, 2000). Higher education in America has faced a vast amount of criticism regarding the level of quality that it presents (Peer & Rakich, 2000). In an attempt to establish a higher level of recognition and quality assurance, institutions and programs seek the status of being awarded accreditation by a recognized accrediting organization (Berdahl & McConnell, 1999; CHEA, 2006; U.S. Department of Education, n.d.).
Although this case study was not designed to answer every question that may arise in reference to athletic training education and the recognized accreditor, the Commission on Accreditation of Athletic Training Education (CAATE), it does serve as a basis for understanding the effort required in satisfying the requirements of the CAATE Accreditation Standards and Process brought upon by the transition from the previous recognized accreditor, the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

The WMU-ATEP made for an ideal case study to evaluate resources necessary in satisfying the requirements of the newly recognized accrediting body, the CAATE. The case of the WMU-ATEP provided a true illustration of evaluating the differences between the CAAHAP and the CAATE in reference to the Accreditation Standards and Process and the effort that was necessary in meeting the requirements.

When athletic training education went through an earlier transition under the Committee on Allied Health Education and Accreditation (CAHEA), the biggest differences that were a result of the transition were found in the areas associated with human resources, operational policies, and curriculum. The findings of the transition from the 2001 CAAHEP Accreditation Standards and Process to satisfying the requirements of the 2005 CAATE Accreditation Standards and Process resulted in the WMU-ATEP not having a major drain on its resources or having to perform a major overhaul to its educational program. Instead, the WMU-ATEP was able to (a) verify the steps that it had taken to become compliant with the previous 2001 CAAHEP Accreditation Standards and Process; (b) evaluate the effort that was necessary to meet requirements for all the CAATE Standards that were identified as new or revised in comparison with the past.
CAAHEP Standards; and (c) acknowledge the effort and steps that will be necessary, in the future, when the WMU-ATEP goes up for re-accreditation. In review of the CAATE Accreditation Process, the WMU-ATEP is not up for re-accreditation until the 2010-2011 academic-year. However, ATEP stakeholders have already begun preparing.

The field of athletic training has exploded since its founding in 1950. In this current age, there are now over 341 accredited athletic training education programs. All of these programs and all of those applying for initial accreditation have had to make the transition from the requirements of the CAAHEP to the CAATE. The specific implications of the findings of this case study can be utilized by other ATEPs as an example of the effort it will take to meet the requirements of the 2005 CAATE Accreditation Standards and Process.

Because all currently accredited programs have different dates for review for ongoing accreditation, the process for yearly continued accreditation includes ATEPs submitting an Annual Report. The Annual Report entails the ATEP recounting any specific changes that were made during the previous academic year and verifies that the ATEP is compliant with all the Accreditation Standards. In reality, ATEPs may have procrastinated and are not yet fully compliant or factually reporting if they are totally compliant with all the requirements put forth by the CAATE. Additionally, ATEPs may also be waiting to see if the CAATE Standards will change or the ATEP will wait to implement all the changes when the program’s reaccreditation date comes near. As Collins (1997) found, accreditation and the presented standards only truly work if educational forums constantly work to maintain a higher level of quality. By drawing from the findings of this case study, other ATEPs may gain ideas or realize that the
transition to satisfying the CAATE requirements may not be as difficult as originally envisioned.

Additionally, an implication for other ATEPs, that this case study found, is that the CAATE Accreditation Process is now more streamlined and is rid of unnecessary information and steps that must be taken by ATEPs when applying for initial or ongoing accreditation. Each area of the CAATE Accreditation Process reads clearly and no accompanying interpretation is necessary.

Just as Mathies (1993) found in her evaluation of the accreditation process in relation to implementation and transition, specifically as implementation and transition relates to the allied health profession of athletic training, the effect of accreditation brought about unity and an improvement in educational standards. In relation to the change that athletic training was going through when the study was performed, past investigation by athletic training professionals indicated that the commitment of time was considered a drawback and that athletic training programs were not found to be consistent with implementing the accreditation standards, possibly due to different interpretations of how to implement them (Craig, 2003; Cummings, 2004; Dietrich, 2005; Peer & Rakich, 2000). The implications of this case may show that the CAATE was diligent in not presenting changes that would require ATEPs to make major alterations, but instead designed the revisions and additions to be more efficient overall as compared to the previous 2001 CAAHEP Accreditation Standards and Process. As the JRC-AT (n.d.) had stated, the move to the independent accreditor, the CAATE, would allow the athletic training forum to assume control over its own destiny. Athletic training education and the profession would no longer be required to fit into a mold designed to fit a diverse group
of other allied health professions: The 2005 CAATE Accreditation Standards and Process allows ATEPs to meet the needs of just athletic training. (JRC-AT, n.d.)

Insights

The first insight was the vague terminology used by the JRC-AT in describing what the transition would mean to athletic training and the educational forum. After reviewing all the documents created to propose the transition, the four themes that kept emerging dealt with efficiency, flexibility, professionalism and collegial relationships. The findings have allowed for an operational definition to be coupled with these four concepts. The definitions will provide a basis for the CAATE to further analyze if the transition took the direction it was originally meant to take.

The evaluation of the WMU-ATEP has shown positively that the transition has met the goals presented by the JRC-AT and the CAATE. The JRC-AT and the CAATE had anticipated that their Accreditation Standards and Process would provide for a more comprehensive and efficient accreditation and educational model (CAATE, 2006). Additionally, the CAATE (2006) expected the accreditation model would promote beneficial and collegial relationships between all stakeholders and assist in promoting the athletic training profession and its ability to move forward and distinguish it among all allied health vocations.

A positive note stemming from my review of accreditation in general, deals with program flexibility and educational delivery. A recent concern has been raised about accreditation agencies stepping beyond the bounds of quality assurance by regulating content and educational delivery (CHEA, 2007). What I found was that the 2005 CAATE Accreditation Standards do not dictate how education is to be delivered and
allows the flexibility of ATEPs to choose what is right for their individual program. The 2005 CAATE Accreditation Standards provide guidelines as a tool for course content and encourages experimentation, multiple learning styles and opportunities.

As with other accrediting organizations, a key to a successful accredited educational program is the buy-in of necessary stakeholders. The 2005 CAATE Accreditation Standards additions and revisions better link what was fragmented outside clinical sites with core program mission and goals. No longer can the ATEP be seen as easy access to a cheap workforce through the use of athletic training students during their educational development via clinical education rotations. Stakeholders involved with any ATEP will now know exactly the requirements of their position and can assist in changing the public’s outlook on the athletic training profession.

Another insight included while the requirements of the transition did not include a significant increase in resources, it did allow for the focus to be placed on the improvement of program management and delivery of educational constructs. By implementing the new and better delineated standards, the ATEP administration and stakeholders are more closely in tune with the day-to-day operations that will directly improve the overall program. However, the revisions do not further address the level of student performance and outcomes. Overall, the new additions were found to focus specifically on improving large areas related to the roles and responsibilities of the Program Director, CIE, ACIs and CIs; evaluation tools; learning and instructional resources; and student records.

While we are better able to track the matriculation of the ATEP students, the 2005 CAATE Accreditation Standards and Process do not provide for a way to actually
evaluate if what we are teaching the students and the opportunities they are provided will in fact result in them becoming successful entry-level certified athletic trainers. Therefore, the new and revised 2005 CAATE Accreditation Standards and Process do meet the mission of the CAATE in providing “comprehensive accreditation services to institutions that offer Athletic Training degree programs…” (CAATE, 2006, p. 3) and allows the ATEP to say what it does, and does what it says, it still does not allow for student achievement to be the centerpiece of quality. The current transition does not move towards the needs of addressing if in fact accreditation makes a difference on behalf of assuring student success.

From my findings, I feel that the CAATE accreditation model has attempted to assure quality through regulated program administrative and managerial policies and procedures that provide the tools and framework for offering a strong education program. What is yet to be determined is if the actual value of the accredited programs will have the outcome of positive student accomplishment leading to professional performance of the graduates and finally, guide the growth of the athletic training profession. I feel that just as the federal government is asking accrediting agencies to hold institutions and programs accountable for student achievement, the CAATE may also move towards including an outcome based accountability system, or additional standards providing for the inclusion of just such a system, in the years to come.

Recommendations for Further Research

The audience that this research and its results may affect or be utilized by include institutions and programs that are contemplating starting an undergraduate ATEP or are
currently in the process of reviewing their ATEP as they go up for reaccreditation. The choice of an undergraduate ATEP to pursue accreditation is fraught with issues. Questions in deciding whether to pursue accreditation center around: what steps must be taken; will the program become accredited; what resources will be involved; how much will it cost; how long will it take; will the ATEP have enough students to support it; will more faculty be required; will the administration support the program; and how will it affect the rest of the department or other areas of the college or university?

Past and present accreditation studies have focused predominantly on the categories, purposes, providing agencies, and necessity. Very little research has been done to recognize, investigate, and evaluate the effort or resources required by an institution or educational program in order to achieve or maintain accreditation, especially when transitioning from one accrediting body to another. Additionally, research studies specific to academic programs or tracks could perform research that provides examples of the effort it takes and how education programs are satisfying all the necessary accompanying requirements of specific accreditation processes.

Initially, what guided this study was not knowing, with certainty, the requirements and effort it would take for the WMU-ATEP to make the transition from the requirements of the 2001 CAAHEP Accreditation Standards to satisfying the requirements of the 2005 CAATE Accreditation Standards and Process. It was unclear as to what resources would be necessary, and if leaving the CAAHEP to become accredited under the CAATE would attest to an increase in efficiency and flexibility, influence professionalism, or assist in the development of collegial relationships with ATEP stakeholders.
While this study found that the 2005 CAATE Accreditation Standards and Process did perform the function and meet the goals of efficiency, flexibility, and promoted professionalism and the development of collegial relationships, what the athletic training forum does not know is if the 2005 CAATE Accreditation Standards and Process will actually improve the skills, knowledge-base, or abilities of the entry-level practitioners.

Accreditation may provide accountability and a higher quality of education, but questions that may guide further research include investigating if accreditation will assist in producing individuals who can practice their craft. What will be the long-term effect of moving to an independent accreditor and the impact on the educational outcomes for the practicing entry-level professional? Has accreditation become so focused on the management of the educational program and process that it forgot to focus on the overall outcome, the practical ability of the graduate?

Further research in athletic training education could be performed as to the ease that ATEPs may or may not have when meeting all areas of accreditation requirements. I also feel an assessment plan could assist ATEPs in measuring how well they are meeting the Accreditation Standards, not just a simple “are they meeting them or are they not?” but to what extent: a type of W.O.T.S. assessment (W = Weaknesses, O = Opportunities, T = Threats, S = Strengths) (Prentice, 2006). A type of self-assessment for ATEPs would also be beneficial for the CAATE in acknowledging if accreditation guidelines were working for the further development of the educational program and the profession.

My plans to take this research further include creating a type of accreditation planning tool. The tool will provide all ATEP stakeholders with an understanding and
ability to come to a consensus on the effort it will take for an ATEP to become compliant with the CAATE Accreditation Standards. An individual ATEP will be able to utilize the tool to articulate the process and protocols that will be necessary to fulfill and meet the requirements of the Accreditation Standards and Process.

Additionally, the assessment plan would provide for the roles and responsibilities for each of the stakeholders to be mapped out and a section related to process goals, outcomes and stages of progress will be provided. An evaluation plan will be developed to include: an area that will allow ATEPs to map short and long term goals; an action plan as to how to meet the goals with an accompanying timeline; indicators of success or areas of improvement; what information or areas need to be collected; where the information can be found or the individuals that need to be contacted; final data collections methods or overall plan; and finally, points to be delegated in order to circumvent possible micromanaging or burn-out of the individual or individuals working on the accreditation project.

Lastly, while I feel that the findings positively demonstrated that the CAATE has come through the process of developing an independent accrediting organization and has developed Standards and a Process that is efficient, provides variable degrees of flexibility, and promotes professionalism and collegial relationships, I strongly feel that other accrediting bodies could follow suit in regards to what the CAATE has managed to accomplish: The CAATE has developed an accreditation package that says what it does and does what it says. I feel that the CAATE needs to continue on the path of quality assurance in the accreditation of ATEPs, but just as accreditation is constantly under fire, even the 2005 CAATE Accreditation Standards and Process needs to be held accountable
for student learning and outcomes. Over the past few years, there has arisen issues involving the “federal role in assuring quality in higher education” (CHEA, 2007, ¶ 5). With these issues, “Congress is called on to mandate institutions to provide additional information on academic quality and student achievement as an alternative to the current accreditation system” (CHEA, 2007, ¶ 5). I feel that further research could be performed to evaluate if accrediting organizations are making improvements towards including their focus to not only outline and evaluate managerial and program structure tactics but to also put forth an effort to move towards an outcomes based model that will collect and report significantly expanded information on how well colleges and programs, that the accreditors oversee, educate students and place positive student achievement as a focal point instead of a “hopeful” outcome (Lederman, 2007).

Personal Reflections

I used to be a “field” athletic trainer. I performed the duties of looking out for the well-being of athletes and active individuals and assumed the responsibility for overseeing the total health care of individuals. I graduated from Michigan State University (MSU), with athletic training as my minor. At that time I had no idea about accreditation. MSU did not offer an accredited program; it was internship route. For me, to become a certified athletic trainer was baptism by fire. I first became totally interested in accreditation in athletic training education when I took my first collegiate-level job with Barton College in Wilson, North Carolina. It was in this position that I was able to assist in getting Barton’s undergraduate ATEP accredited.
Though I personally feel that accreditation is meant for good, and not evil, I do feel that the guidelines and standards for accreditation may have gotten so stringent that ATEPs are now producing individuals that are packed with knowledge but are not confident as to how to apply their knowledge. I personally have heard this from many of my colleagues and have had first-hand experience in seeing this outcome when our graduate-level ATEP has interviewed incoming Graduate Assistants.

My work on this study was very enlightening. I felt that I struggled significantly in the beginning because I was very unsure as to what exactly I was looking for; I felt that things were clear as mud.

I found it difficult at times to control my biases. Because of my personal involvement as the ATEP’s Director, I found myself occasionally wanting to go overboard in my description as to what the WMU-ATEP had done to satisfy all the requirements of the 2005 CAATE Accreditation Standards. I felt that it took a conscious effort to control my own subjectivity. Gayle Thompson provided a tremendous amount of help as an expert in the field of athletic training and as a past accreditation site visitor; Gayle was able to verify my findings by providing an objective eye.

In the end, I feel that I learned a great deal about my ATEP, but also an enormous amount about accreditation. When I discuss accreditation with our ATEP’s ACIs and other colleagues in the field, I see their eyes glaze over, as well as anger and confusion develop. With the results of this study and the understanding that I have gained, I have a goal of becoming an expert on accreditation in athletic training. Furthermore, I feel that I have developed a passion to assist other ATEPs in understanding the Process and possible
ways to implement the Accreditation Standards in a way that will meet the requirements but also provide the best experience for all stakeholders involved.
REFERENCES


Commission on Accreditation of Athletic Training Education (n.d.). *CAATE Self-Study Documents website*: http://www.caate.net/


Appendix A

Selective Historical Overview of Events in Education: Changes That Have Occurred in the United States Setting the Precedence for Accreditation
Selective Historical Overview of Events in Education:
Changes That Have Occurred in the United States
Setting the Precedence for Accreditation

1636—Establishment of Harvard (established as an adjunct of its respective colonial church).

18th century—Connection between the college and the ministry starts to deconstruct.

1740—William and Mary (linked to the Church of England), offers regular collegiate instruction.

1862—Passage of the Land-Grant Act.

1876—Founding of John Hopkins University, (the first real American University).

1880—Beginning of the first official generation of academic accreditation in the United States (1880-1900s).

1882-1910—Introduction of the elective system at Harvard University.

1887—Founding of the Middle States Association of Colleges and Schools (MSACS) (Regional accreditor).

1890—Passage of the second Land-Grant College Act, providing for black institutions. Movement began to accredit institutions that met minimal standards.

1895—Founding of the North Central Association of Colleges and Schools (NCACS) and the Southern Association of Colleges and Schools (Regional accreditors).

1900—Founding of the Association of American Universities, the Association of American Law Schools, and the College Entrance Examination Board.

1901—Establishment of Joliet (Illinois) Junior College, the first permanent junior college.

1904—Formation of the American Medical Association (AMA) on Medical Education (this association was formed to look into the quality issues of medical education in the United States).

1906—Joint Committee meeting of the National Association of State Universities in Williamstown, Massachusetts (the subject matter dealt with admission and administration standards). The AMA initiates inspection of medical schools.

1907—The first classification of medical schools is prepared by the AMA.

1909—North Central Association creates a set of accreditation standards and begins to accredit member colleges.

1910—Publication of Abraham Flexner’s report; *Medical Education in the United States and Canada* (led to the national system for accrediting medical schools).

1913—Publication of the first list of accredited institutions. Beginning of the second generation of U.S. academic accreditation.

1914—Passage of the Smith-Lever Act, authorizing extension programs; founding of the Association of American Colleges.

1917—Formation of the Northwest Association of Schools and Colleges (regional accreditor).

1949—Establishment of the National Association on Institutional Accreditation.

1962—Formation of the Western Association of Schools and Colleges (regional accreditor).


1996—Creation of Council for Higher Education Accreditation (CHEA): successor of COPA and CORPA.

(Alstete, 2004; Altbach, Berdahl, & Gumport, 1999; Kaplin & Lee, 1995; Young, Chambers, & Kells, 1983)
Appendix B

Hallmark Moments in the Evolution of Athletic Training:
Education and Accreditation
Hallmark Moments in the Evolution of Athletic Training: Education and Accreditation

1948—First four-year curriculum leading to an undergraduate degree in Athletic Training from Indiana University.

1950—Founding of the National Athletic Trainers’ Society (NATA).

1955—National Athletic Training Association (NATA) Committee on Gaining Recognition appointed.

1959—First Athletic Training curriculum model approved by NATA.

1969—NATA Professional Education Committee (PEC) and NATA Certification Committee developed.

First undergraduate Athletic Training curriculums approved by NATA.

1970—First national certification examination administered by NATA Certification Committee.

1972—First graduate Athletic Training curriculum approved by the NATA.

1980—NATA resolution requiring Athletic Training curriculum major or equivalent, approved by the NATA board of directors.

1983—Development of the Competencies in Athletic Training by the NATA-PEC.

1990—Athletic Training recognized as an allied health profession by American Medical Association (AMA).***

Joint Review Committee on Educational Programs in Athletic Training (JRC-AT) established by the joint efforts of the American Academy of Family Physicians, the American Academy of Pediatrics, the AMA, and the NATA.

1991—Essentials and Guidelines for an Accredited Educational Program for the Athletic Trainer approved by the AMA Council on Medical Education.

1992—AMA proposes the formation of an independent agency to accredit education programs for allied health professions.

1993—NATA-PEC terminates concludes its approval process for undergraduate ATEPs.

1994—(June) First entry-level Athletic Training Educational Programs accredited by the AMA Committee on Allied Health Education and Accreditation (CAHEA).

1994—continued: (July) Commission on Accreditation of Allied Health Education Programs (CAAHEP) formed (replaced CAHEA as entry-level Athletic Training Education Program accreditation agency).

NATA Education Task force appointed.

1996—NATA Education Task Force recommendation approved by NATA Board of directors.

NATA Education Council formed.

2003, January—Survey conducted by the JRC-AT and sent to 365 programs of varying accreditation status, with the purpose of investigating the perception(s) of leaving CAAHEP.

2003, Fall—Separation plan announced to NATA members.

2003, October—JRC-AT provided notice of separation to CAAHEP.

2003, November-December—JRC-AT advises programs about new independent accreditation plan and process.

2004—New policies and procedures developed by the JRC-AT.

January 1—Internship route of certification is officially dissolved.

2005—New 2005 CAATE Standards for the Accreditation of Entry-Level Athletic Training Education Programs developed and adopted: distributed to ATEPs by summer.

April—JRC-AT declares financial independence from the NATA.

2006 (July1)—Final separation from CAAHEP and full implementation of the 2005 CAATE Standards for the Accreditation of Entry-Level Athletic Training Education Programs and Comprehensive Review for Accreditation Process.
2007 (Fall)—CAATE accredited ATEPs must implement the 4th Edition of the NATA Athletic Training Educational Competencies beginning with freshman students.

2007—JRC-AT and CAATE made the move for independent recognition by the CHEA.

(Delforge & Behnke, 1999, p. 54; JRC-AT, n.d., 2005)
Appendix C

Past Accreditation-Member Structure of CAAHEP
Past Accreditation-Member Structure of CAAHEP

Current CAAHEP Accreditation Process

CAAHEP
14 non-ATCs

JRC-AT
7 ATCs
3 MDs

JRC-AT Annual Report Committee
5 ATCs

(CAAE, 2006)
Appendix D

Current CAATE Accreditation-Member Structure
Current CAATE Accreditation-Member Structure

CAATE Accreditation Structure

CAATE
5 AT Educators (Elected)
3 Physicians
1 ATC (NATA Representative)
1 Public Member
1 University Administrator

Review Committee
12 ATCs
(Experienced dismal voters)

Annual Report Committee
5 ATCs
(Experienced dismal voters)

(CAATE, 2006)
Appendix E

CAAHEP and CAATE Standards Comparison
Comparison of 2005 and 2001 Standards
June 2, 2005

KEY for Notes if Different:
Interpretation – Formerly an interpretation of standard
New – Added for clarity or to set minimum level of acceptance (supporting efficiency: not having an interpretation manual)

<table>
<thead>
<tr>
<th>2005 Standard</th>
<th>2001 Standard</th>
<th>Notes if different</th>
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<th>Flexible, Efficient, Promoting a high level of professionalism or Collegial Relationships</th>
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<td>Structural and Human</td>
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<tr>
<td>A3.3 Responsibility for supervision</td>
<td>New – better defined</td>
<td>Structural and Human</td>
<td>Efficient</td>
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<tr>
<td>A3.4 Other functions</td>
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<td>Structural and Human</td>
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<tr>
<td>B1.1 PD requirements</td>
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Comparison of 2005 and 2001 Standards

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<th>IB1a(1)(a) PD Responsibilities</th>
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<td>IB1a(1)(a) PD Responsibilities</td>
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<td>B1.2 PD Responsibilities</td>
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<td>B1.22 Curricula planning</td>
<td>New</td>
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<td>B1.23 Budget input</td>
<td>New</td>
<td>Financial and Structural</td>
<td>Efficient and Collegial Relationships</td>
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<tr>
<td>B1.24 Equal education opportunity</td>
<td>New</td>
<td>Structural and Curricular</td>
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<tr>
<td>B1.3 PD Qualifications</td>
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<tr>
<td>B1.31 BOC good standing</td>
<td>IB1a(1)(a) PD Qualifications</td>
<td>Interpretation</td>
<td>Human</td>
<td>Professionalism and Efficient-</td>
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<td></td>
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<td>*Decrease in flexibility</td>
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<td>B1.32 5 yrs exp as BOC</td>
<td>Change: was 3 years</td>
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<td>*Decrease in flexibility</td>
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Comparison of 2005 and 2001 Standards

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<td>B1.34 Demonstrate scholar/service</td>
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<td>B2 Faculty/Staff Qualifications</td>
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<td>Professionalism and Efficient- *Decrease in flexibility</td>
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<tr>
<td>B2.2 Faculty/staff number</td>
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<tr>
<td>B2.22 Provide oversight</td>
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<tr>
<td>B3.1 Clinical Instructor Educator</td>
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<td>B3.14 Knowledgeable in content areas</td>
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<td>B3.15 At least 1 must be BOC</td>
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<td>B3.2 ACI Qualifications</td>
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<td>Professionalism</td>
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<tr>
<td>B3.21 Credentialed as AMA</td>
<td>New</td>
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<td>Professionalism</td>
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<td>B3.23 Not enrolled in ATEP program</td>
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<td>B3.24 ACI training includes: formerly managed by NATA</td>
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<td>B3.241 Learning styles/instruction skills</td>
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## Comparison of 2005 and 2001 Standards

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<td>B3.245 Policy/procedures</td>
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<td>Clinical skills/knowledge</td>
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<td>B3.25</td>
<td>3 year re-training cycle</td>
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<td>B3.3</td>
<td>ACI responsibilities</td>
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<td>Regular communication w/PD</td>
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<td>Comply w/ ATEP policy/procedures</td>
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<td><strong>B3.6 Other Medical &amp; Health Personnel</strong></td>
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<td><strong>B3.61 2 physicians (MD/DO) instruction</strong></td>
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<td><strong>B3.62 2 different allied health instruction</strong></td>
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<td><strong>B4 Medical Director must:</strong></td>
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<td>New – better defined Human Professionalism</td>
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<td><strong>B5 Administrative/support staff</strong></td>
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<td><strong>B5.1 Equitable clerical support</strong></td>
<td>New</td>
<td>Human-*Possible -Financial Efficient</td>
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<td><strong>C1 Financial Resources</strong></td>
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<tr>
<td><strong>C1.1 Has equitable/continuing financial</strong></td>
<td>Better defined Financial Efficient</td>
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<td>IB2 Financial Resources</td>
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<td>C1.34 Operating expenses</td>
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<td>D1.11 Consistent classrooms</td>
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<td>D1.12 Consistent laboratories</td>
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<td>D1.13 Consistent clinical facilities</td>
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<td>D1.14 Administrative offices for staff</td>
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<th>D1.3 Instructional sites equitable</th>
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<td>IB3a Physical Resource Facility</td>
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<td>D2 Learning &amp; Instructional Resources</td>
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<td>D3 Modalities &amp; Rehabilitation Resources</td>
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<td>D3.3 DE has comparable, accessible equip</td>
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<td>Professionalism</td>
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<td>D4 First Aid/Emergency Equipment</td>
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<td>D4.2 Appropriate for site EAMS available</td>
<td>New</td>
<td>Curriculum</td>
<td>Efficient</td>
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</table>
Comparison of 2005 and 2001 Standards

| D4.3 DE has comparable, accessible equip | New | Structural and Curriculum | Professionalism |
| D5 Library/Information Sources | | | |
| D5.2 DE has comparable, accessible material | New | Curriculum | Efficient and Professionalism |
| E Operational Policies/Fair Practice | | | |
| E1 Program Admission & Advertisement | | | |
| E1.1 Admission criteria clearly defined/pub | IC1a Admin P&P (competitive) | See also IC1b Admin P&P | Structural | Efficient |
| E1.13 Admission: transfer/retention policies | IC1a Admin P&P (competitive) | Interpretation | Structural | Efficient |
| E1.2 Admission available to prospective stnt | New | Structural | Efficient |
| E1.3 Accurate & consistent publications | New | Structural | Efficient |
### Comparison of 2005 and 2001 Standards

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<td><strong>F Health &amp; Safety</strong></td>
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<td>F1 PE by MD/DO/NP/PA including</td>
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<td>Efficient and Professionalism</td>
</tr>
<tr>
<td>F1.1 Medical history</td>
<td></td>
<td></td>
<td>New</td>
<td>Structural</td>
<td>Efficient and Professionalism</td>
</tr>
<tr>
<td>F1.2 Immunization review</td>
<td>IC3 Health</td>
<td>Interpretation</td>
<td>Structural</td>
<td></td>
<td>Efficient and Professionalism</td>
</tr>
<tr>
<td>F1.3 Evidence of PE in file</td>
<td>IC3 Health</td>
<td>Interpretation</td>
<td>Structural</td>
<td></td>
<td>Efficient and Professionalism</td>
</tr>
<tr>
<td><strong>F3 Official enrolled, instructed prior to skill</strong></td>
<td></td>
<td></td>
<td>New</td>
<td>Structural and Curriculum</td>
<td>Efficient, Professionalism and Collegial Relationships</td>
</tr>
<tr>
<td><strong>F4 Established comm. disease policy</strong></td>
<td>ID1a FP (health safeguarded)</td>
<td>Interpretation</td>
<td>Structural</td>
<td></td>
<td>Efficient and Professionalism</td>
</tr>
</tbody>
</table>
### Comparison of 2005 and 2001 Standards

<table>
<thead>
<tr>
<th>F5. Electrical modalities and electrical safeguards (e.g., GFIs) must annually pass safety inspections and be calibrated by a qualified technician at all clinical sites.</th>
<th>ID1g <strong>ADDED TO THIS COMPARISON TABLE</strong> -GO TO TABLES ON CAATE WEBSITE</th>
<th>Interpretation GFIs-New</th>
<th>Curriculum, Structural and Professionalism</th>
</tr>
</thead>
<tbody>
<tr>
<td>F6.1 BBP training before potential exposure</td>
<td>New</td>
<td>Curriculum and Structural</td>
<td>Professionalism</td>
</tr>
<tr>
<td>F6.3 Access/utilize BBP barriers</td>
<td>ID1h Fair Practices (OSHA)</td>
<td>Interpretation</td>
<td>Curriculum and Structural</td>
</tr>
<tr>
<td>F6.4 Access/utilize proper sanitation</td>
<td>New</td>
<td>Curriculum and Structural</td>
<td>Professionalism, Flexible and Efficient</td>
</tr>
<tr>
<td>F6.5 Access to appropriate biohazard disposal equipment and procedures at each clinical site.</td>
<td><strong>ADDED TO THIS COMPARISON TABLE</strong> ID1h Fair Practices (OSHA)</td>
<td>Interpretation</td>
<td>Curriculum and Structural</td>
</tr>
<tr>
<td>F7 Access to EAP at each site</td>
<td>New</td>
<td>Curriculum</td>
<td>Professionalism</td>
</tr>
<tr>
<td>G Student Records</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G1.1 Completion of admission criteria</td>
<td>New</td>
<td>Structural</td>
<td>Efficient</td>
</tr>
</tbody>
</table>
### Comparison of 2005 and 2001 Standards

| G1.2 Verify all clinical experiences | New | Structural | Efficient |
| G1.3 ATS and ACI/CI signed evaluations | New | Structural | Efficient |
| G1.4 Completed proficiencies | New | Structural | Efficient |
| G1.5 Signed technical standards | New | Structural | Efficient |
| G1.6 Written document of signed PE & immunizations | New | Structural | Efficient |
| G1.7 Remediation/disciplinary actions | New | Structural | Efficient |
| G1.8 Academic progress/grades | New | Structural | Efficient |
| G1.9 Verification of CPR, AED, first aid | New | Structural | Efficient |
| G1.10 Annual BBP training | New | Structural | Efficient |

### H Outcomes

| H2 Master assessment plan to evaluate | IE2a Program Evaluation (g) | Interpretation | Structural and Curriculum | Efficient and Flexible |
| H2.12 Effectiveness of learning | IE1a Instructional effectiveness | See also IE2 | Structural and Curriculum | Efficient and Flexible |
| H2.13 Quality didactic instruction | IE2 Results of Prog Eval | Interpretation | Structural and Curriculum | Efficient and Flexible |
| H2.14 Quality clinical instruction | IE2 Results of Prog Eval | Interpretation | Structural and Curriculum | Efficient and Flexible |
## Comparison of 2005 and 2001 Standards

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>H2.21 Achievement of educational mission</td>
<td>IE2 Results of Prog Eval</td>
<td>Interpretation</td>
<td>Structural and Curriculum</td>
<td>Efficient and Flexible</td>
<td></td>
</tr>
<tr>
<td>H2.22 Effectiveness of learning</td>
<td>IE2 Results of Prog Eval</td>
<td>Interpretation</td>
<td>Structural and Curriculum</td>
<td>Efficient and Flexible</td>
<td></td>
</tr>
<tr>
<td>H2.23 Quality didactic instruction</td>
<td>IE2 Results of Prog Eval</td>
<td>Interpretation</td>
<td>Structural and Curriculum</td>
<td>Efficient and Flexible</td>
<td></td>
</tr>
<tr>
<td>H2.24 Quality clinical instruction</td>
<td>IE2 Results of Prog Eval</td>
<td>Interpretation</td>
<td>Structural and Curriculum</td>
<td>Efficient and Flexible</td>
<td></td>
</tr>
<tr>
<td>H2.3 The program must document an ongoing plan for obtaining the outcome data delineated in H2.2</td>
<td>ADDED TO THIS COMPARISON TABLE</td>
<td>New</td>
<td>Structural and Curriculum</td>
<td>Efficient and Flexible</td>
<td></td>
</tr>
<tr>
<td>H3 DE instructional effectiveness</td>
<td></td>
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<tr>
<td>I Curriculum &amp; Instruction</td>
<td></td>
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<tr>
<td>I.1 Major/graduate equivalent in AT</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I.1.1 Consistent with other majors on campus</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I.1.2 Identified as AT major in publications</td>
<td></td>
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</tr>
<tr>
<td>I.1.3 On official transcripts</td>
<td></td>
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<tr>
<td>I.2 Descriptive of Prog (major)</td>
<td></td>
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<tr>
<td>I.2.1 Compare to institution, not Dept</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>I.2.2 Interpretation</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>I.2.3 Structural</td>
<td></td>
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</tr>
<tr>
<td>I.3 Efficient</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I.3.1 Consistent with other majors on campus</td>
<td></td>
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<tr>
<td>I.3.2 Identified as AT major in publications</td>
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<tr>
<td>I.3.3 On official transcripts</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>12.2 Curriculum &amp; course sequencing</td>
<td>12.3 Clinical education</td>
<td>12.4 Requirements for major</td>
<td>15.1 Course title, number &amp; term</td>
<td>15.2 Course Instructor</td>
<td>15.4 Specific evaluation criteria</td>
</tr>
<tr>
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<tr>
<td>Efficient</td>
<td>Efficient</td>
<td>Efficient</td>
<td>Efficient</td>
<td>Efficient</td>
<td>Efficient</td>
</tr>
</tbody>
</table>
Comparison of 2005 and 2001 Standards

<table>
<thead>
<tr>
<th>J1.3 Regular/planned communication w/ATEP</th>
<th>IIA1e (supervised practice)</th>
<th>Interpretation</th>
<th>Structural and Curriculum</th>
<th>Flexible and Promotion of Collegial Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>J2 Clinical experiences synthesis</td>
<td>New</td>
<td>Curriculum</td>
<td>Professionalism</td>
<td></td>
</tr>
<tr>
<td>J3.1 Course credit for clinical experiences</td>
<td>IIA1e (supervised practice)</td>
<td>Interpretation</td>
<td>Curriculum</td>
<td>Efficient</td>
</tr>
<tr>
<td>J3.2 Objective criteria for completion</td>
<td>IIA1e (supervised practice)</td>
<td>Interpretation</td>
<td>Curriculum</td>
<td>Efficient</td>
</tr>
<tr>
<td>J3.5 Closely monitored requirements</td>
<td>New</td>
<td>Human</td>
<td>Efficient</td>
<td></td>
</tr>
<tr>
<td>J3.51 Length of clinical consistent w/state</td>
<td>New</td>
<td>Curriculum</td>
<td>Professionalism</td>
<td></td>
</tr>
<tr>
<td>J3.52 Days off consistent w/other programs</td>
<td>New</td>
<td>Curriculum</td>
<td>Professionalism</td>
<td></td>
</tr>
<tr>
<td>J4 Opportunity for different populations</td>
<td>IIA1e (supervised practice)</td>
<td>Interpretation</td>
<td>Curriculum and Structural</td>
<td>Professionalism</td>
</tr>
</tbody>
</table>
Comparison of 2005 and 2001 Standards

<table>
<thead>
<tr>
<th>J5 ATEP annual/planned visits to clinical sites</th>
<th>J6 Minimum of 75% of CE under ATC who is ACI/CI</th>
<th>IIA1f Description of the Program</th>
<th>ACI/CI designation and time requirement</th>
<th>Structural and Curriculum</th>
<th>Promotion of Collegial Relationships and Professionalism</th>
</tr>
</thead>
<tbody>
<tr>
<td>K Administration/Maintaining Accreditation</td>
<td>Under the old Section III</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Comparison of 2005 and 2001 Standards
Comparison of 2005 and 2001 Standards
Comparison of 2005 and 2001 Standards
Appendix F

Research Study Fieldnotes Matrix
Purpose of the matrix:

- What are the CAATE Standards that have been identified as new or revised?
- What are the requirements of the identified CAATE Standards?
- Which CAATE Standards were associated with past CAAHEP Standards?
- What resource/s are the identified CAATE Standards associated with?
- What is it going to take to implement the selected new or revised Standards?
- How does knowing this answer the relevant question/s?
- For the purpose of personal interaction, by answering these question, the researcher can then go to the necessary group/s and discuss these findings with them in order to gather their feedback.
- Otherwise this is a comparative analysis of the past accreditation process with that of the new. Through the results of this comparison, data will be gathered.

Resources to be evaluated:

- Structural
- Curricular
- Human
- Financial
<p>| A3.1 Responsible for administration | A3.1 program administration, Current formal affiliation agreement(s) or memorandum(s) of understanding must be developed and endorsed by appropriate administrative personnel from all institutions (i.e., bearing signature authority). The agreement must delineate responsibilities for: A3.1 program administration, | NONE | New—better defined | Structural | We need to make sure these areas are specifically defined in the affiliate contract: A3.1 program administration, A3.2 instruction, A3.3 supervision, and A3.4 other functions as deemed appropriate by the sponsoring institution or the affiliate institution | Upon evaluation of these standards, it was found that no change was necessary due to the WMU-ATEP already providing for these measures in their contract with all affiliated sites. In evaluation of the standards and comparing them with the previous CAAHEP Standards, the CAATE noted that this section was new and better defined. In evaluation of this, the findings illustrated that the new standard states exactly what is needed in the formal contract between the sponsoring institution and any affiliated site=compliant. |</p>
<table>
<thead>
<tr>
<th>A3.2</th>
<th>Responsibility for instruction</th>
<th>A3.2</th>
<th>instruction,</th>
<th>NONE</th>
<th>New – better defined</th>
<th>Structural and Human</th>
<th>↑</th>
</tr>
</thead>
<tbody>
<tr>
<td>A3.3</td>
<td>Responsibility for supervision</td>
<td>A3.3</td>
<td>supervision, and</td>
<td>NONE</td>
<td>New – better defined</td>
<td>Structural and Human</td>
<td>↑</td>
</tr>
<tr>
<td>A3.4</td>
<td>Other functions</td>
<td>A3.4</td>
<td>other functions as deemed appropriate by the sponsoring institution or the affiliate institution</td>
<td>NONE</td>
<td>New – better defined</td>
<td>Structural and Human</td>
<td>↑</td>
</tr>
</tbody>
</table>

Much clearer, states exactly what is needed.

*Verify with affiliated sites during discussion section.
<table>
<thead>
<tr>
<th>B1.13 Supervisory authority</th>
<th><strong>B1.14</strong> Release time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B1.13</strong> have programmatic administrative and supervisory responsibility recognized as a department assignment consistent with other similar assignments at the institution, and</td>
<td><strong>B1.14</strong> have an amount of released/reassigned workload that is necessary to meet the administrative responsibilities of this assignment. This released/reassigned workload must be consistent with similar assignments at the institution.</td>
</tr>
<tr>
<td><strong>B1.14</strong> have an amount of released/reassigned workload that is necessary to meet the administrative responsibilities of this assignment. This released/reassigned workload must be consistent with similar assignments at the institution.</td>
<td><strong>IB1a(1)(a) PD Interpretation Structural</strong></td>
</tr>
</tbody>
</table>

This would be up to the interpretation of the Institution? Before 25% release time was given as an example, now it has to be consistent with other assignments at the institution. Therefore the ATPP needs to find out how much release time Dr. Miller is given at the Graduate level. This would be placed in the Job Description.

Unclear, would have to make a phone call.

Before 25% release time was given as an example, now it has to be consistent with other assignments at the institution. Need to look at other PD positions across the University. Why did CAATE take away the 25% interpretation from the 2001 Standards?
<table>
<thead>
<tr>
<th>B1.22 Curricula planning</th>
<th>B1.22 curricula planning and development,</th>
<th>NONE</th>
<th>Human</th>
<th>Need to re-evaluate the current PD Job Description and make sure these areas are included.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1.23 Budget input</td>
<td>B1.23 fiscal and budgetary input and management as determined by the institution,</td>
<td>NONE</td>
<td>Structural and Financial</td>
<td>Already provided in the PD Job Description</td>
</tr>
<tr>
<td>B1.24 Equal education opportunity</td>
<td>B1.24 equitable distribution of educational opportunities at all clinical and classroom sites. This responsibility may be shared with a faculty member designated as a clinical coordinator; however, the Program Director has ultimate responsibility, and</td>
<td>NONE</td>
<td>Structural and Curricular</td>
<td>Done somewhat, need to be given full accounting from Department Chair, this has not been done in the past. PD must show why things are needed, instead of being given a budget and deciding what/how S will be allocated.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>This is already done through the assignment of C and Ps in all classes, specifically the fieldwork courses (HPER 1530, 1100 and 4000-level courses). This is also done by assigning students to clinical education experiences at on-campus and affiliated off-site venues.</td>
</tr>
<tr>
<td>B1.31 BOC good standing</td>
<td>B1.31</td>
<td>hold current national certification and be in good standing with the Board of Certification (BOC),</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B1.32 5 yrs exp as BOC</td>
<td>B1.32</td>
<td>have a minimum of five years experience as a BOC-certified athletic trainer,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NONE</td>
<td>Change: was 3 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B1.33 State credential in AT</td>
<td>B1.33</td>
<td>possess a current state credential for those states that require professional credentialing for athletic trainers, and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NONE</td>
<td>Newly defined</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BOC standing and provide verification of this. Due to the new BOC CEU rules this is performed every 2 years for the current PD.**

The ATPP Director was BOC certified in August of 2005... therefore meeting the *Standard*. However, this may not be true for all PDs.

Though it states there is no specific previous Standard that deals with this, there was a statement regarding that PDs needed to have a minimum of 3 years of experience (B1a(1)(b)). Any PD that held the position before the enactment of this new Standard and had only 3 years of experience may lose their job because they do not meet the 5 year minimum.

Effective in the State of Michigan, December 1, 2006; Provide MATS Statement. This is a slow-going progress and at this time it is unclear if this policy will go into effect on the anticipated date.

This has not fully gone into effect for Michigan yet. The December date has passed and there is still no set mandate.
<p>| B1.34 Demonstrate scholar/service | B1.34demonstrate teaching, scholarship, and service consistent with institutional standards. | IB1a(1)(b) PD Qualifications | Interpretation Human | This should be placed into the Job Description in order to circumvent any problems with CAATE during an audit or the next Self-Study. This should be accompanied by what is provided for in the faculty contract and Appointment Letter. Therefore, edit the Job Description and attach relevant documents. | Qualified and meets academic rank and needs as necessitated by the institution (tenure track). Discussion point: This allows for more autonomy on the part of the institution by providing the guidelines that are in each institution’s contract. |
| B2.22 Provide oversight | B2.22 provide oversight of program clinical education and experiences. | NONE New Human | This should be documented as part of an individual’s FTEs in their A-1 report. In clinical education, an ACI will provide supervision. But...is a faculty member deemed a CI and therefore will provide clinical education and experiences? There is no ratio, therefore is this open to interpretation by the site visitors? | There is no ratio, therefore is this open to interpretation by the site visitors? |</p>
<table>
<thead>
<tr>
<th>B3.11 Recognized by institution</th>
<th>B3.11 recognized and designated by the institution as the CIE for the educational program,</th>
<th>NONE</th>
<th>formerly managed by NATA</th>
<th>Human</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3.12 BOC for 3 years minimum</td>
<td>B3.12 BOC credentialed, for a minimum of three years,</td>
<td>NONE</td>
<td>New</td>
<td>Human</td>
</tr>
</tbody>
</table>

This is currently in my Job Description and signed by both myself and the Chair: Section 1:1

However, I would like to have the ACC trained in order to decrease my workload. Since this person is in charge of ATS rotations...they should also be part of the training, but the WMU-ATPP must be sure that individual has been BOC certified for a minimum of 3 years.

How often or does a CIE have to be re-trained? During CIE training we were told that if they held an ACI training seminar at least [I believe] once a year they would be considered current in their training.

-This position could be held by any member of the ATEP faculty or outside faculty member as long as it met the requirements of the ATEP.

-This is currently part of the PD Job Description.

A program would need to make sure they had an individual that met these guidelines. We do because I am the current CIE...since 2004 and I had been BOC certified for 3 years at that time.

-This is currently part of the PD Job Description, this individual has been certified since 2000.
<table>
<thead>
<tr>
<th>Section</th>
<th>Requirement</th>
<th>New</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3.13</td>
<td>Designated by institution CIE</td>
<td>New</td>
<td>This is currently in my Job Description and signed by both myself and the Chair: Section 1:1.</td>
</tr>
<tr>
<td>B3.14</td>
<td>Knowledgeable in content areas</td>
<td>New</td>
<td>Would this have to be stated in the Job Description? CIE's? Who pays for it? Deb's $250/yr.</td>
</tr>
</tbody>
</table>

- This is currently part of the PD Job Description. PD went through the CIE training in the summer of 2005 and was trained in these areas, developed a PP and has trained all ACIs since then.

How would this be determined? CIE training, years as an ACI? What?

What is considered..."relevant continuing education/training in ACI content areas" (B3.1c) CIE's or Educator Conference attendance?
<table>
<thead>
<tr>
<th>B3.15 At least 1 must be BOC</th>
<th>NONE</th>
<th>New</th>
<th>Human</th>
<th>This seems to be confusing when Standard B3.12 BOC for 3 years minimum...is taken into consideration.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3.15 If more than one individual is designated as the CIE for the educational program, then at least one of those individuals must be a BOC credentialed athletic trainer.</td>
<td>New</td>
<td>Human</td>
<td>Only the PD is the CIE.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B3.21 Credentialed as AMA</th>
<th>NONE</th>
<th>New</th>
<th>Human</th>
<th>Need to get list of the AMA recognized individuals provided in the 2005-2006 yearly report; put this in as an Appendix.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3.21 be credentialed in a health care profession as defined by the American Medical Association or American Osteopathic Association.</td>
<td>New</td>
<td>Human</td>
<td>If they are an ATC they meet this guideline but do they still have to be an ATC for 1 year? This seems to conflict...</td>
<td></td>
</tr>
<tr>
<td>B3.22 be an ATC ® or appropriately credentialed health care professional for a minimum of one year” previous 2001 Standard B1c(1)(b) ACI Qualifications</td>
<td>New</td>
<td>Human</td>
<td>This seems to conflict...</td>
<td></td>
</tr>
</tbody>
</table>

| B3.22 be an ATC ® or appropriately credentialed health care professional for a minimum of one year” previous 2001 Standard B1c(1)(b) ACI Qualifications | New | Human | This seems to conflict... |

This seems to be confusing when Standard B3.12 BOC for 3 years minimum...is taken into consideration. Only the PD is the CIE.
<table>
<thead>
<tr>
<th>B3.23 Not enrolled in ATEP program</th>
<th>New</th>
<th>Human and Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3.23 not be currently enrolled in the athletic training education program at the institution,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B3.24 ACI training includes</td>
<td>New</td>
<td>Curriculum</td>
</tr>
<tr>
<td>B3.241 Learning styles/instruction skills</td>
<td>New</td>
<td></td>
</tr>
<tr>
<td>B3.241 learning styles and instructional skills,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B3.242 Review of NATA Competency</td>
<td>New</td>
<td></td>
</tr>
<tr>
<td>B3.242 review of the Athletic Training Educational Competencies,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B3.243 Eval student performance</td>
<td>New</td>
<td></td>
</tr>
<tr>
<td>B3.243 evaluation of student performance and feedback,</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What if the ATEP has a graduate-level Program and a GA is in the Graduate-level program? Therefore, none of our GAs can ever be trained to be ACIs...can they be CIs? What is the use of really having GAs then? We cannot use them and our students cannot gain experience from them...Ask Dr. Miller and Dr. Turocy.

What if the ATEP has a graduate-level Program and a GA is in the Graduate-level program?

Curriculum

Need to re-evaluate current ACI training PP/Protocol. If these areas are not included I must add them and then make sure that all ACIs are aware of and trained in these areas.

↑

↑
<table>
<thead>
<tr>
<th>B3.244</th>
<th>Supervision/mentoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3.244</td>
<td>Instructional skills of supervision, mentoring, and administration,</td>
</tr>
<tr>
<td>New</td>
<td>Curriculum through 1530, 2530, and 4000-level courses via assigned CE rotations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B3.245</th>
<th>Policy/procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3.245</td>
<td>Program/institution-specific policies, procedures, and clinical education requirements,</td>
</tr>
<tr>
<td>New</td>
<td>Curriculum through 1530, 2530, and 4000-level courses via assigned CE rotations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B3.246</th>
<th>Legal/ethical behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3.246</td>
<td>Legal and ethical behaviors</td>
</tr>
<tr>
<td>New</td>
<td>Curriculum [part of ACI training in order to be assigned student from 1530, 2530, and 4000-level courses]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B3.247</th>
<th>Communication skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3.247</td>
<td>Communication skills,</td>
</tr>
<tr>
<td>New</td>
<td>Curriculum [part of ACI training in order to be assigned student from 1530, 2530, and 4000-level courses]</td>
</tr>
</tbody>
</table>

*Will lead final discussion points promoting a high level of professionalism and collegial relationships.*
| B3.248 Interpersonal relationships | B3.248 appropriate interpersonal relationships, and | New | Curriculum [part of ACI training in order to be assigned student from 1530, 2530, and 4000-level courses]  
*Will lead final discussion points promoting a high level of professionalism and collegial relationships. |
|----------------------------------|-------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B3.249 Clinical skills/knowledge | B3.249 appropriate clinical skills and knowledge | New | Curriculum [part of ACI training in order to be assigned student from 1530, 2530, and 4000-level courses]  
*Will lead final discussion points promoting a high level of professionalism and collegial relationships. |
| B3.25 3 year re-training cycle   | B3.25 be trained/re-trained by the institution’s CIE on a minimum of a three year cycle. | New | Structure for Curriculum [part of ACI training in order to be assigned student from 1530, 2530, and 4000-level courses]  
Provide training dates and ACI roster.  
The next ACI training period must take place before August 3, 2007: next summer. |
<table>
<thead>
<tr>
<th>B3.3 ACI responsibilities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B3.33 Regular communication w/PD</strong></td>
<td><strong>B3.33 have regular communication with the appropriate ATEP Administrator, and</strong></td>
</tr>
<tr>
<td>New</td>
<td>Structure [part of ACI training in order to be assigned student from 1530, 2530, and 4000-level courses] *Will lead final discussion points promoting a high level of professionalism and collegial relationships.</td>
</tr>
<tr>
<td></td>
<td>Fall meeting, monthly scheduled meetings, wrap-up meeting in the spring=compliant</td>
</tr>
<tr>
<td></td>
<td>What is considered regular communication? Meetings, emails, phone calls?</td>
</tr>
</tbody>
</table>

| **B3.34 Comply w/ ATEP policy/procedures** | **B3.34 demonstrate understanding of and compliance with the policies and procedures of the ATEP.** |
| New | Structure [part of ACI training in order to be assigned student from 1530, 2530, and 4000-level courses] |
|  | Everyone signs an Appendix W. Make sure they also have an updated P and P Manual and that they sign a SOU (same as 1530 students) |
|  | The CAATE Standards state: “B3.31 – B3.34 Narrative Describe how ACIs are informed of responsibilities and description of how the ATEP is able to determine how ACIs meet those responsibilities”. Is this open to the interpretation of the site visitors? Let Dr. Turocy know that we
<p>| B3.41 Credentialed as AMA | B3.41 be a credentialed health care professional as defined by the American Medical Association and the American Osteopathic Association, | New – better defined | Human | There are only two CIs that students gain exposure to during their CE rotations: Dr. Burnett and Nelson; both are MDs and these are recognized by the AMA and Osteopathic Association |
| B3.42 ATC/credentialed l year | B3.42 be appropriately credentialed for a minimum of one year. If a CI is credentialed for less than one year, the program must develop and document the implementation of a plan for supervision of that CI by an experienced credentialed CI that ensures the quality of instruction provided to the athletic training students. | IB1c(1)(b) ACI Qualifications | Interpretation | Human | Because WMU employs Graduate Students, the undergraduate ATSs have exposure to these GAs that are also ATCs. These ATCs are also CIs and are under the supervision of the staff ATCs/ACIs. Revise Appendix W and place this statement in it. Make a memo to everyone of the change in Appendix W and then revise the signature page to remove the areas that aren’t needed and have everyone necessary sign it. |</p>
<table>
<thead>
<tr>
<th>B3.43 Not enrolled in ATEP</th>
<th>New</th>
<th>Human</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3.43 not be currently enrolled in the athletic training education program at the institutions.</td>
<td></td>
<td>There are no CIs enrolled in the undergraduate ATEP.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B3.52 Regular communication with ATEP</th>
<th>New</th>
<th>Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3.52 have regular communication with the appropriate ATEP administrator, and</td>
<td></td>
<td>*Will lead final discussion points promoting a high level of professionalism and collegial relationships.</td>
</tr>
</tbody>
</table>

| CIs will be asked to attend the monthly scheduled meetings as associated with Standard B3.33 Regular communication w/PD |
| Put together a file and place in it all the material considered regular communications (i.e. office hours, rotation site visits, email correspondence, etc.) |

| What is considered regular communication? Meetings, emails, phone calls? | |
|---------------------------|-----|-------|
| Structure *Will lead final discussion points promoting a high level of professionalism and collegial relationships. | | CIs will be asked to attend the monthly scheduled meetings as associated with Standard B3.33 Regular communication w/PD Put together a file and place in it all the material considered regular communications (i.e. office hours, rotation site visits, email correspondence, etc.) |

| What is considered regular communication? Meetings, emails, phone calls? | |
|---------------------------|-----|-------|
| Structure *Will lead final discussion points promoting a high level of professionalism and collegial relationships. | | CIs will be asked to attend the monthly scheduled meetings as associated with Standard B3.33 Regular communication w/PD Put together a file and place in it all the material considered regular communications (i.e. office hours, rotation site visits, email correspondence, etc.) |

| What is considered regular communication? Meetings, emails, phone calls? | |
|---------------------------|-----|-------|
| Structure *Will lead final discussion points promoting a high level of professionalism and collegial relationships. | | CIs will be asked to attend the monthly scheduled meetings as associated with Standard B3.33 Regular communication w/PD Put together a file and place in it all the material considered regular communications (i.e. office hours, rotation site visits, email correspondence, etc.) |
B3.53 Comply w/ ATEP Policy/procedures

B3.53 demonstrate understanding of, and compliance, with the policies and procedures of the ATEP.

New

Structure [meets with PD/CIE to discuss expectation of program: CIs cannot be assigned AT5s] *Will lead final discussion points promoting a high level of professionalism and collegial relationships.

Everyone signs an Appendix W. Make sure they also have an updated P and P Manual and that they sign a SOU (same as 1530 students)

Same as ACI Standard B3.34
Comply w/ ATEP policy/procedures

The CAATE Standards state: "B3.51 – 3.53 Narrative Description as to how CIs are informed of responsibilities and description of how the ATEP is able to determine how CIs meet those responsibilities". Is this open to the interpretation of the site visitors? Let Dr. Turocy know that we —

B3.61 2 physicians (MD/DO) instruction

B3.61 A minimum of two physicians (MD, DO) with differing specialties must participate in formal, scheduled classroom instruction that is a component of a required course(s).

New – better defined

Curriculum

Dr. Baker and his "fellow". Doctors Nelson and Burnett through the 4000-level courses plus the assignment in HPER 1530.
<table>
<thead>
<tr>
<th>B3.62</th>
<th>2 different allied health instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B3.62</strong></td>
<td>A minimum of two allied health care professionals other than physicians, with differing specialties, with professional credentials other than, or in addition to, Certified Athletic Trainer must participate in formal, scheduled classroom instruction that is a component of a required course(s).</td>
</tr>
</tbody>
</table>

|  New – better defined  |  Curriculum  |  We are compliant.  | This might be hard if a school is in a very rural area. Therefore it may have to be in their budget to bring these individuals in.  |

<table>
<thead>
<tr>
<th><strong>B4 Medical Director must</strong></th>
<th><strong>B4.1</strong> Board-certified MD/DO w/state license</th>
<th><strong>B4.1</strong> be an MD/DO who is licensed to practice in the state housing the ATEP, and</th>
</tr>
</thead>
<tbody>
<tr>
<td>New – better defined</td>
<td>Human</td>
<td>Dr. Baker is the medical director and MD and he is licensed to practice within MI=compliant</td>
</tr>
<tr>
<td>B5 Administrative/support staff</td>
<td>B5.1 Equitable clerical support</td>
<td>New</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>C1 Financial Resources</td>
<td>C1.1 Has equitable/continuing financial</td>
<td></td>
</tr>
<tr>
<td>C1.2 Comparable budget</td>
<td>C1.2 The ATEP budget must be consistent and comparable with other academic programs funded by the sponsoring institution</td>
<td></td>
</tr>
</tbody>
</table>
| Code   | Description                        | Resource(s)         | Interpretation | Financial
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>C1.31</td>
<td>Expendable supplies</td>
<td>IB2 Financial</td>
<td>Interpretation</td>
<td>Financial</td>
</tr>
<tr>
<td></td>
<td>C1.31 expendable supplies,</td>
<td>Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1.32</td>
<td>Capital equipment</td>
<td>IB2 Financial</td>
<td>Interpretation</td>
<td>Financial</td>
</tr>
<tr>
<td>C1.32</td>
<td>capital equipment</td>
<td>Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1.33</td>
<td>Course instruction</td>
<td>IB2 Financial</td>
<td>Interpretation</td>
<td>Financial</td>
</tr>
<tr>
<td>C1.33</td>
<td>course instruction,</td>
<td>Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1.34</td>
<td>Operating expenses</td>
<td>IB2 Financial</td>
<td>New</td>
<td>Financial</td>
</tr>
<tr>
<td>C1.34</td>
<td>operating expenses, and</td>
<td>Resources</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ICA helps with some identified expendable supplies when utilized at the Clinical Ed. Sites.

ICA helps with some identified expendable supplies when utilized at the Clinical Ed. Sites.

Provided by the University and apportioned to COE then to the HPER Department.

Allocated to the COE and apportioned to the ATEP through the HPER Department discretionary funds.
### D1 Physical Facilities that include:

<table>
<thead>
<tr>
<th>D1.11 Consistent classrooms</th>
<th>D1.11</th>
<th>IB3a Physical Resource Facility</th>
<th>Interpretation/new</th>
<th>Structural [Facility]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>classrooms that are consistent in size and quality with classrooms used for similar academic programs at the sponsoring institution.</td>
<td></td>
<td></td>
<td>Athletic training is an allied health profession housed in the HPER Department under the College of Education, its' program curriculum and profession may be compared to the other allied health curriculums housed under Health and Human Services; this determination cannot be verified until the next scheduled site visit scheduled during the 2010-2011 academic year.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D1.12 Consistent laboratories</th>
<th>D1.12</th>
<th>IB3a Physical Resource Facility</th>
<th>Interpretation/new</th>
<th>Structural [Facility]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>laboratories that are consistent in size and quality with laboratories used for similar academic programs at the sponsoring institution.</td>
<td></td>
<td></td>
<td>Same as D1.11</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Interpretation/new</td>
<td>Structural [Facility]</td>
<td>Compliance</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>----------------------</td>
<td>------------</td>
</tr>
<tr>
<td>D1.13</td>
<td>Consistent clinical facilities that are consistent in size and quality with clinical facilities used for similar academic programs at the sponsoring institution, and</td>
<td>IB3a Physical Resource Facility</td>
<td>Structural [Facility]</td>
<td>Same as D1.11</td>
</tr>
<tr>
<td>D1.14</td>
<td>Administrative offices for staff must be provided for program staff and faculty on a consistent basis similar to other academic programs at the sponsoring institution.</td>
<td>IB3a Physical Resource Facility</td>
<td>Structural [Facility]</td>
<td>Interpretation of Standard is simplified and the ATPP is compliant.</td>
</tr>
<tr>
<td>D1.3</td>
<td>Instructional sites equitable</td>
<td>New Structural [specifically for instruction of all classes with laboratory components]</td>
<td>Work with the ADA and WMU Disabled Student Resources and Services. Equal access to all classrooms and labs=Compliant</td>
<td></td>
</tr>
<tr>
<td>D1.4</td>
<td>Seating/environment to facilitate ed.</td>
<td>IB3a Physical Resource Facility</td>
<td>Interpretation</td>
<td>Structural [Facility]</td>
</tr>
<tr>
<td>-------</td>
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<td>---------------------------------</td>
<td>---------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>D1.4</td>
<td>Classroom and laboratories must have seating, lighting, heating/cooling, and ventilation that will provide an atmosphere to facilitate the learning process.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D1.5</td>
<td>Confidential space for counseling</td>
<td>IB3a Physical Resource Facility</td>
<td>Interpretation</td>
<td>Structural [Facility]</td>
</tr>
<tr>
<td>D1.6</td>
<td>Secure file/record space</td>
<td>IB3a Physical Resource Facility</td>
<td>Interpretation</td>
<td>Structural [Facility]</td>
</tr>
<tr>
<td>D2.2 Aids available for practice/instruction</td>
<td>D2.2 Instructional aids must be available to provide instruction and student practice of the clinical proficiencies and psychomotor competencies as identified in the <em>Athletic Training Educational Competencies</em>.</td>
<td>New</td>
<td>Curriculum</td>
<td>The WMU ATEP has access to a minimum of one of each piece of equipment designated by the 4th Edition of the NATA Educational Competencies and Clinical Proficiencies and listed in the instructional aide table=compliant</td>
</tr>
<tr>
<td>D2.3 Remote sites have comparable aids</td>
<td>D2.3 At all distance or remote education sites, learning and instructional equipment and supplies used for classroom and laboratory instruction and assessment must be comparable and equally accessible to all students.</td>
<td>New</td>
<td>Curriculum</td>
<td>The WMU ATEP does not utilize distance or remote education sites for curriculum instruction purposes=compliant</td>
</tr>
</tbody>
</table>
### Section D2.4 Educational Technology

At all distance or remote education sites, educational technology used for formal instruction and assessment must be comparable and equally accessible to all students regardless of location.

### Section D3.3 DE Modalities & Rehabilitation Resources

At all distance or remote education sites, all therapeutic modalities and rehabilitation equipment used for classroom and laboratory instruction and assessment must be comparable and equally accessible to all students regardless of location.

---

**New Curriculum**

The WMU ATEP does not utilize distance or remote education sites for curriculum instruction purposes= compliant

**New Structural and Curriculum**

The WMU ATEP not utilizing such sites for curriculum instruction= compliant
<table>
<thead>
<tr>
<th>D4 First Aid/Emergency Equipment</th>
<th>New</th>
<th>Curriculum due to signed agreement.</th>
<th>New</th>
</tr>
</thead>
<tbody>
<tr>
<td>D4.2 Appropriate for site EAP is available</td>
<td>D4.2 First aid and emergency care equipment, appropriate to the emergency action plan of the clinical setting, must be available for clinical education purposes.</td>
<td>There is adequate availability of first aid and emergency care equipment and supplies for educational purposes= compliant</td>
<td></td>
</tr>
<tr>
<td>D4.3 DE has comparable, accessible equipt</td>
<td>D4.3 At all distance or remote education sites, all first aid and emergency equipment used for classroom and laboratory instruction and assessment must be comparable and equally accessible to all students regardless of location.</td>
<td>Structural and Curriculum</td>
<td>The WMU ATEP does not utilize distance or remote education sites for curriculum instruction= compliant</td>
</tr>
<tr>
<td>D5.2 DE has comparable, accessible material</td>
<td></td>
<td></td>
<td>New Curriculum</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>----------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>D5.2 At all distance or remote education sites, all library and other information resources used for classroom and laboratory instruction and assessment must be comparable and equally accessible to all students regardless of location.</td>
<td></td>
<td></td>
<td>Evaluation of the new CAATE Standard D5.2 is not necessary because it does not utilize distance or remote education sites for curriculum instruction= compliant</td>
</tr>
</tbody>
</table>
E.1.1 Program admission criteria (E1.11-E1.13) must be clearly defined and published consistently in official institution academic documents, handbooks, and/or other published and announced information sources. It is not necessary to have all information in all documents, but there must be appropriate reference to a publicly accessible document that includes all program admission criteria. Program admission criteria must include:

IC1a Admin P&P (competitive) See also IC1b Admin P&P Structural [ATEP design]

The requirements are posted in the Athletic Training Student Policies and Procedures Manual; the publicly accessible University's Academic Catalog; application packet materials for the WMU ATEP; and may be obtained through communication with the WMU ATEP undergraduate Program Director=compliant
<table>
<thead>
<tr>
<th>E1.13 Admission:</th>
<th>E1.13 transfer and retention policies.</th>
<th>Interpretation</th>
<th>Structural [ATEP design]</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1.2 Admission</td>
<td>E1.2 Program available to admission criteria must be available to prospective and current students.</td>
<td>New</td>
<td>The requirements are posted in the <em>Athletic Training Student Policies and Procedures Manual</em>; the publicly accessible University's Academic Catalog; application packet materials for the WMU ATEP; and may be obtained through communication with the WMU ATEP undergraduate Program Director. Working on website to allow for easier access to material. = technically accurate but work needs to be done to improve.</td>
</tr>
<tr>
<td>E1.3 Accurate &amp; consistent publications</td>
<td>E1.3 Program policies, procedures, and requirements must be accurate and consistent in all published and announced information sources (e.g., websites, catalogs, recruiting materials).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>Structural [ATEP design] Inconsistency discovered between University’s Academic Catalog and information provided to the students through the Athletic Training Student Policies and Procedures Manual and application packet materials. Revisions made and submitted to the registrar, changes posted=compliant.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E1.11a Liability insurance for ATS</td>
<td>E1.11 The welfare of all athletic training students must be protected by liability insurance that can be documented through declaration pages or other legally-binding documents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>Curriculum [While enrolled in ATPP curriculum courses through the Department, ATS liability insurance is covered] Students enrolled in curriculum-based fieldwork course (HPER 4000-1 through 4) CE rotations are covered but not for those that perform rotations in HPER 1530 and 2530. A fee must be assessed to 1530 and 2530 in order for students to be covered=compliant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F1 PE by MD/DO/NP/PA including</td>
<td>IC3 Health</td>
<td>Interpretation</td>
<td>Structural [ATEP design] Physical and part of &quot;Technical Standards&quot;; all part of ATPP application</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------</td>
<td>----------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>F1. Medical history</strong></td>
<td><strong>New</strong></td>
<td><strong>F1.1</strong> Medical history,</td>
<td>Structural [ATEP design] : part of ATPP application</td>
</tr>
<tr>
<td><strong>F1.2 Immunization review</strong></td>
<td><strong>F1.2</strong> Immunization review, and</td>
<td>IC3 Health</td>
<td>Interpretation</td>
</tr>
<tr>
<td><strong>F1.3 Evidence of PE in file</strong></td>
<td><strong>F1.3</strong> Evidence of a physical examination that is maintained by the institution in accordance with established confidentiality statutes.</td>
<td>IC3 Health</td>
<td>Interpretation</td>
</tr>
</tbody>
</table>
F3 Official enrolled, instructed prior to skill

**F3.** Athletic training students must be officially enrolled in the clinical portion of the program, be formally instructed and formally assessed on athletic training clinical skills as part of a required course prior to performing those skills on patients.

**New Structural [ATEP design]:** part of ATPP application -Curriculum

**Presented under Athletic Students Credentialed requirements in Appendix W, included in the Athletic Training Student Policies and Procedures Manual.**

All students, faculty and staff must sign the form recognizing this requirement=compliant
<table>
<thead>
<tr>
<th>F4 Established communicable disease policy</th>
<th>ID1g FP (health safeguarded)</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>F4. An active communicable disease policy must be established, published in program documents that are accessible to current students, and enforced for ATEP students by program personnel.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Curriculum:
Students perform clinical education rotations assigned through courses Structural [ATEP design]: part of ATPP Student P and P Manual, *Technical Standards*
The Technical Standards are included in the application materials for all students enrolled in the WMU ATEP. The Technical Standards as well as the WMU Student Policies and Procedures Manual is accessible for all students, faculty, staff and is supported by the WMU Student Code. Athletic training students sign the Technical Standards form as admission that each of them has read and understood the policies and procedures therein and the ATEP Program Director, Clinical Coordinator and ATEP staff work together to enforce all aspects of the Technical Standards including that of which deals with infectious and communicable diseases =compliant
<table>
<thead>
<tr>
<th>F5. Electrical modalities and electrical safeguards</th>
<th>F5. Electrical modalities and electrical safeguards (e.g., GFIs) must annually pass safety inspections and be calibrated by a qualified technician at all clinical sites. THIS IS NOT IN THE COMPARISON DOCUMENTS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>F6.1 BBP training before potential exposure</td>
<td>F6.1 formal blood-borne pathogen training before being placed in a potential exposure situation. This includes participation in all clinical settings and situations including the clinical observation portion of the clinical education experience (if applicable).</td>
</tr>
<tr>
<td>F6.3 Access/utilize BBP barriers</td>
<td>NEW</td>
</tr>
<tr>
<td></td>
<td>Curriculum [use of modalities for CE instruction purposes], Financial [purchase, maintenance and yearly inspection], Structure [Facility]</td>
</tr>
<tr>
<td></td>
<td>IDlh Fair Practices (OSHA)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| F6.4 Access/utilize proper sanitation | F6.4 access to and utilize proper sanitary precautions, and | New | Curriculum [necessary to be involved in CE] -Structure | It is part of the ATEP curriculum to educate and evaluate a student’s competency and proficiency in the comprehension and performance of practicing proper sanitary precautions, both for the sake of the athletic training student and for the injured individual. = compliant

| F6.5 access to appropriate biohazard disposal equipment and procedures at each clinical site. THIS IS NOT IN THE COMPARISON DOCUMENTS. | F6.5 access to appropriate biohazard disposal equipment and procedures at each clinical site. THIS IS NOT IN THE COMPARISON DOCUMENTS. | | Curriculum [necessary to be involved in CE] -Structure | The biohazard cleaning supplies, sharps containers, and biohazard waste baskets are located in each athletic training facility, and are located in each physician’s office or triage area. It is the practice at each clinical education site that when the Biohazard waste baskets or sharps containers are full, an Environmental Health & Safety technician is called to properly dispose of the waste = compliant
| F7 Access to EAP at each site | F7. Students must have access to a written emergency action plan at each clinical site where assigned for clinical education. | New | Curriculum [necessary to be involved in CE] | Required through curricular coursework and clinical education assignments = compliant |

<table>
<thead>
<tr>
<th>G Student Records</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>G1.1 Completion of admission criteria</td>
<td><strong>G1.1</strong> evidence of completion of published admission criteria.</td>
</tr>
<tr>
<td>G1.2 Verify all clinical experiences</td>
<td><strong>G1.2</strong> verification of all completed clinical experiences.</td>
</tr>
<tr>
<td>G1.3 ATS and ACI/CI signed evaluations</td>
<td><strong>G1.3</strong> student and ACI/CI signed clinical experience evaluations.</td>
</tr>
<tr>
<td>G1.4 Completed proficiencies</td>
<td><strong>G1.4</strong> completed clinical competencies and proficiencies including skill/technique acquisition and learning over time evaluations.</td>
</tr>
</tbody>
</table>

**Structural [ATEP design]:** part of ATPP application—put together in packets **Should place on website.**

**Application packet Already compliant**

**Structural**

**Verification Hours Logs**

**In Academic File**

**Held by CC and included in ATS academic file once complete**

**Already compliant**
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1.5 Signed technical standards</td>
<td>G1.5 completed and signed technical standards,</td>
<td>New</td>
</tr>
<tr>
<td>G1.6 Written document of signed PE &amp; immunizations</td>
<td>G1.6 written documentation of a physical examination, including immunizations, by a MD/DO, NP, or PA,</td>
<td>New</td>
</tr>
<tr>
<td>G1.7 Remediation/disciplinary actions</td>
<td>G1.6 written documentation of a physical examination, including immunizations, by a MD/DO, NP, or PA,</td>
<td>New</td>
</tr>
<tr>
<td>G1.8 Academic progress/grades</td>
<td>G1.8 appropriate academic progress (e.g., grade tracking/completion forms, advisement forms),</td>
<td>New</td>
</tr>
<tr>
<td>G1.9 Verification of CPR, AED, first aid</td>
<td>G1.9 written documentation of current first aid, CPR, and AED training consistent with the <em>Athletic Training Educational Competencies</em>, and</td>
<td>New</td>
</tr>
</tbody>
</table>

Structural [ATEP design]: part of ATPP application

Application packet

Already compliant

Appendix X if applicable

Already compliant

Official Advising form-Application packet

Already compliant

Yearly copy

Already compliant
G1.10 Annual BBP training

**G1.10** written documentation of annual blood-borne pathogen training.

---

New Structure

Program Director made individual copies of blood-borne pathogen training attendance instead of a group attendance record, and placed individual copies within each student's academic file = compliant

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**H Outcomes**

**H2.** There must be a comprehensive (master) assessment plan to evaluate all aspects of the educational program. Assessments used for this purpose may include, but are not limited to, clinical site evaluations, clinical instructor evaluations, completed clinical proficiency evaluations, academic course performance, employer and/or alumni surveys, senior exit evaluations, and BOC examination passing rates.

**IE2a Program Evaluation**

Structural [part of ATEP design] and Curriculum:

- Various evaluations performed as part of course components [HPE R 1530, 2530 and 4000-level courses].

- All of the evaluations (all ready in place) designed for and utilized by the WMU ATEP meet the requirements for evaluating the ATEP = compliant

---

Contact Nancy Wilson, have her send a copy and make individual copies to place in student's official academic file.
<table>
<thead>
<tr>
<th>H2.12 Effectiveness of learning</th>
<th>H2.12 Effectiveness of learning, IE1a Instructional effectiveness</th>
<th>See also IE2 Structure and Curriculum [evaluations, C and P review and exams] and Curriculum</th>
<th>All of the evaluations (all ready in place) designed for and utilized by the WMU ATEP meet the requirements for evaluating the ATEP = compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>H2.13 Quality didactic instruction</td>
<td>H2.13 Quality didactic instruction, and IE2 Results of Prog Eval</td>
<td>Interpretation Structure and Curriculum [ATEP design: evaluations performed by students]</td>
<td>All of the evaluations (all ready in place) designed for and utilized by the WMU ATEP meet the requirements for evaluating the ATEP = compliant</td>
</tr>
<tr>
<td>H2.14 Quality clinical instruction</td>
<td>H2.14 Quality clinical instruction, IE2 Results of Prog Eval</td>
<td>Interpretation Structure and Curriculum [ATEP design: evaluations performed by students]</td>
<td>All of the evaluations (all ready in place) designed for and utilized by the WMU ATEP meet the requirements for evaluating the ATEP = compliant</td>
</tr>
<tr>
<td>H2.21 Achievement of educational mission</td>
<td>H2.21 Achievement of educational mission and goals of the program, IE2 Results of Prog Eval</td>
<td>Interpretation Structure and Curriculum [ATEP design]</td>
<td>The collection of this date is ongoing = compliant</td>
</tr>
<tr>
<td>H2.22 Effectiveness of learning</td>
<td>H2.22 Effectiveness of learning, IE2 Results of Prog Eval</td>
<td>Interpretation Structure and Curriculum [ATEP design: evaluations performed by students]</td>
<td>The collection of this date is ongoing = compliant</td>
</tr>
<tr>
<td>H2.23 Quality didactic instruction</td>
<td>H2.23 quality of didactic instruction, and</td>
<td>IE2 Results of Prog Eval</td>
<td>Interpretation</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------------------------------</td>
<td>-------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>H2.24 Quality clinical instruction</td>
<td>H2.24 quality of clinical instruction.</td>
<td>IE2 Results of Prog Eval</td>
<td>Interpretation</td>
</tr>
<tr>
<td>H2.3 The program must document an ongoing plan for obtaining the outcome data delineated in H2.2 THIS IS NOT IN THE COMPARISON DOCUMENTS.</td>
<td>H2.3 The program must document an ongoing plan for obtaining the outcome data delineated in H2.2 THIS IS NOT IN THE COMPARISON DOCUMENTS.</td>
<td>Structure [ATEP design: evaluations performed by students] **Must calculate findings from evaluations-this should be performed by the ACC and DCC</td>
<td>The plan for data collection through various assessment and evaluation sources is already in place according to the ATEP structure = compliant</td>
</tr>
</tbody>
</table>
H3. Programs that include distance education (i.e., online learning), or remote education components, must provide documentation of instructional effectiveness of any distance education or off-campus educational components in relation to the overall program and its impact on all students of the program of both on and off-site locations.

The WMU-ATEP does not utilize distance or remote education sites for curriculum instruction purposes =compliant
<table>
<thead>
<tr>
<th>I</th>
<th>Curriculum &amp; Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>II</td>
<td>Major/graduate equivalent in AT</td>
</tr>
<tr>
<td>II.1</td>
<td>Description of the Program - The athletic training education program must be an undergraduate or graduate program that offers a major or graduate equivalent in athletic training. The undergraduate major or graduate major equivalent must be:</td>
</tr>
<tr>
<td>IIA1a</td>
<td>Descrip of Prog (major)</td>
</tr>
<tr>
<td></td>
<td>Change: Compare to institution, not Dept</td>
</tr>
<tr>
<td></td>
<td>Structure as reflected in Curriculum</td>
</tr>
<tr>
<td></td>
<td>Bachelor of Science in Athletic Training=compliant</td>
</tr>
<tr>
<td>II.1</td>
<td>Consistent with other majors on campus</td>
</tr>
<tr>
<td>II.1a</td>
<td>Descrip of Prog (major)</td>
</tr>
<tr>
<td>Interpretation</td>
<td>Structure</td>
</tr>
<tr>
<td>[Administration] as reflected in Curriculum</td>
<td>WMU's ATEP meets the institutional requirement for providing a Professional Program which requires 122 credits for graduation. A student majoring in a Professional Program does not require a minor=compliant</td>
</tr>
<tr>
<td>II.2 Identified as AT major in publications</td>
<td>II.2 identified as an academic athletic training major program in institutional academic publications, and</td>
</tr>
<tr>
<td>II.3 On official transcripts</td>
<td>II.3 indicated on the official transcript of the student as is normally designated for other undergraduate majors or graduate major equivalents at the institution.</td>
</tr>
<tr>
<td>II.2 Curriculum &amp; course sequencing</td>
<td>II.2 curriculum and course sequence, II.A1b Description of the Program</td>
</tr>
<tr>
<td>Section</td>
<td>Title</td>
</tr>
<tr>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>12.3 Clinical education</td>
<td></td>
</tr>
<tr>
<td>12.4 Requirements for major</td>
<td><strong>I2.4</strong> clinical and didactic requirements for completion of the major or graduate major equivalent.</td>
</tr>
<tr>
<td></td>
<td>Interpretation</td>
</tr>
</tbody>
</table>

Clinical education guidelines are outlined in the WMU Athletic Training Student Policies and Procedures Manual, the Curriculum and Clinical Education Guidelines Policy, available as Appendix W in the Manual, and within the course syllabi of all courses requiring clinical education rotation components are compliant.

New Curriculum

Found within the WMU Athletic Training Student Policies and Procedures Manual, Academic Catalog, course syllabi listing objectives, practical assignments, and WMU-ATEP application instructions = compliant
I5.1 Course title, number & term

IIA2c Instructional Plan (syllabi)

15.1 Course title, number, and term, Instructional Plan (syllabi)

I5.1 course title, IIA2c number & term, Instructional Plan (syllabi)

Classes are assigned C and Ps. Each syllabus is reviewed by PD. Those that don’t comply are sent the Standards and asked to make this part of the syllabus. Already done but must be reviewed a semester-by-semester basis or annually (as necessary), especially w/ PT instructors.

I5.2 Course instructor

IIA2c Instructional Plan (syllabi)

15.2 course instructor, IIA2c Instructional Plan (syllabi)

Interpretation Curriculum


t

Interpretation Curriculum


t

Interpretation Curriculum [syllabi]

Interpretation Curriculum [syllabi]

Interpretation Curriculum

I5.4 Specific evaluation criteria and weightings, IIA2c Instructional Plan (syllabi)

15.4 Specific evaluation criteria and weightings, IIA2c Instructional Plan (syllabi)

I5.5 Objective course completion criteria, and

IIA2c Instructional Plan (syllabi)

15.5 objective course completion criteria, and IIA2c Instructional Plan (syllabi)

Interpretation Curriculum [syllabi]

Interpretation Curriculum [syllabi]

Interpretation Curriculum

I5.6 Daily/weekly topics in detail

daily/weekly topics in sufficient detail to determine course content relative to assigned competencies and clinical proficiencies.

IIA2c Instructional Plan (syllabi)

15.6 daily/weekly topics in sufficient detail to determine course content relative to assigned competencies and clinical proficiencies.

Interpretation Curriculum [syllabi]

Interpretation Curriculum [syllabi]

Interpretation Curriculum
| J1.3 | Regular/planned communication w/ATEP | Interpretation | Structure and Curriculum [part of ACI training in order to be assigned student from 1530, 2530, and 4000-level courses] *Will lead final discussion points promoting a high level of professionalism and collegial relationships. |
| J2 | Clinical experiences synthesis | New | Curriculum |

The 4 Phases of student participation are associated with curriculum and ATEP structure providing fieldwork experience to utilize C and Ps: theory into practice and develop professionalism = compliant.
| J3.1 Course credit for clinical experiences | J3.1 Course credit must be consistent with institutional policy or institutional practice. | II A1e (supervised practice) | Interpretation | Curriculum | The credit hours assigned to all six courses providing clinical education experiences is consistent with contact hours' requirements of the University = compliant |
| J3.2 Objective criteria for completion | J3.2 Courses must include objective criteria for successful completion. | II A1e (supervised practice) | Interpretation | Curriculum | Objective criteria for successful completion of all courses is presented in all course syllabi and the Undergraduate Academic Catalog = compliant |
| J3.5 Closely monitored requirements | J3.5 The students' clinical experience requirements must be carefully monitored. | New | Human | Hired full-time Clinical Coordinator as of the fall of 2007 = compliant |
| J3.5.1 Length of clinical consistent w/state | J3.5.1 The length of clinical experiences should be consistent with other comparable academic programs requiring a clinical or supervised practice component. Such policies must be consistent with federal or state student work-study guidelines as applicable to the campus setting. | New | Curriculum | **Need to check with other Programs offered by WMU** |
| J3.52 Days off consistent w/other programs | J3.52 Consideration must be given to allow students comparable relief (days off) from clinical experiences during the academic year as compared to other student academic and student activities offered by the institution (e.g., other health care programs, athletics, clubs). |
| J4 Opportunity for different populations | J4. The clinical experience must allow students opportunities to practice with different patient populations and in different athletic or allied health care settings. |
| J5 ATEP annual/planned visits to clinical sites | J5. All clinical education sites where students are gaining clinical experience must be evaluated by the ATEP on an annual and planned basis. |
J6 Minimum time under ATC who is ACI/CI

J6. At least 75% of the student's clinical experiences must occur under the direct supervision of an ACI or CI who is an ATC®

II-A1f Description of the Program

ACI/CI designation
new

Structure and Curriculum [CE rotations: assigned coursework]

All of the clinical education sites are supervised by a minimum of one ACI = compliant

It is the policy of the WMU-ATEP, that the primary and affiliated sites provide ACIs to give constant supervision to the athletic training students.