APPENDIX E

Curriculum Standards

SECTION IV: CURRICULAR CONTENT

Prerequisite Coursework and Foundational Knowledge

Standard 54 **The professional program requires prerequisite classes in biology, chemistry, physics, psychology, anatomy, and physiology at the postsecondary level.**

Annotation *The program determines the classes that meets these standards and supports the program's curricular plan. Additional prerequisite coursework may be required as determined by the program.*

Standard 55 **Students must gain foundational knowledge in statistics, research design, epidemiology, pathophysiology, biomechanics and pathomechanics, exercise physiology, nutrition, human anatomy, pharmacology, public health, and health care delivery and payor systems.**

Annotation *Foundational knowledge areas can be incorporated as prerequisite coursework, as a component of the professional program, or both.*

The professional program content will prepare the graduate to do the following:

Core Competencies

Core Competencies: Patient-Centered Care

Standard 56 Advocate for the health needs of clients, patients, communities, and populations.
Annotation: Advocacy encompasses activities that promote health and access to health care for individuals, communities, and the larger public.

Standard 57 Identify health care delivery strategies that account for health literacy and a variety of social determinants of health.

Standard 58 Incorporate patient education and self-care programs to engage patients and their families and friends to participate in their care and recovery.

Standard 59 Communicate effectively and appropriately with clients/patients, family members, coaches, administrators, other health care professionals, consumers, payors, policy makers, and others.

Standard 60 Use the International Classification of Functioning, Disability, and Health (ICF) as a framework for delivery of patient care and communication about patient care.

Core Competencies: Interprofessional Practice and Interprofessional Education

Standard 61 Practice in collaboration with other health care and wellness professionals.

Core Competencies: Evidence-Based Practice

Standard 62 Provide athletic training services in a manner that uses evidence to inform practice.
Annotation: Evidence-based practice includes using best research evidence, clinical expertise, and patient values and circumstances to connect didactic content taught in the classroom to clinical decision making.

Core Competencies: Quality Improvement

Standard 63 Use systems of quality assurance and quality improvement to enhance client/patient care.

Core Competencies: Health Care Informatics

Standard 64 **Apply contemporary principles and practices of health informatics to the administration and delivery of patient care, including (but not limited to) the ability to do the following:**

- **Use data to drive informed decisions**
- **Search, retrieve, and use information derived from online databases and internal databases for clinical decision support**
- **Maintain data privacy, protection, and data security**
- **Use medical classification systems (including International Classification of Disease codes) and terminology (including Current Procedural Terminology)**
- **Use an electronic health record to document, communicate, and manage health-related information; mitigate error; and support decision making.**

Core Competencies: Professionalism

Standard 65 **Practice in a manner that is congruent with the ethical standards of the profession.**

Standard 66 **Practice health care in a manner that is compliant with the BOC Standards of Professional Practice and applicable institutional/organizational, local, state, and federal laws, regulations, rules, and guidelines. Applicable laws and regulations include (but are not limited to) the following:**

- **Requirements for physician direction and collaboration**
- **Mandatory reporting obligations**
- **Health Insurance Portability and Accountability Act (HIPAA)**
- **Family Education Rights and Privacy Act (FERPA)**
- **Universal Precautions/OSHA Bloodborne Pathogen Standards**
- **Regulations pertaining to over-the-counter and prescription medications**

Standard 67 **Self-assess professional competence and create professional development plans according to personal and professional goals and requirements.**

Standard 68 **Advocate for the profession.**

Annotation *Advocacy for the profession takes many shapes. Examples include educating the general public, public sector, and private sector; participating in the legislative process; and promoting the need for athletic trainers.*

Patient/Client Care

Care Plan

Standard 69 **Develop a care plan for each patient. The care plan includes (but is not limited to) the following:**

- **Assessment of the patient on an ongoing basis and adjustment of care accordingly**
- **Collection, analysis, and use of patient-reported and clinician-rated outcome measures to improve patient care**
- **Consideration of the patient's goals and level of function in treatment decisions**
- **Discharge of the patient when goals are met or the patient is no longer making progress**
- **Referral when warranted**

Examination, Diagnosis, and Intervention

Standard 70 **Evaluate and manage patients with acute conditions, including triaging conditions that are life threatening or otherwise emergent. These include (but are not limited to) the following conditions:**

- **Cardiac compromise (including emergency cardiac care, supplemental oxygen, suction, adjunct airways, nitroglycerine, and low-dose aspirin)**
- **Respiratory compromise (including use of pulse oximetry, adjunct airways, supplemental oxygen, spirometry, meter-dosed inhalers, nebulizers, and bronchodilators)**
- **Conditions related to the environment: lightning, cold, heat (including use of rectal thermometry)**
- **Cervical spine compromise**
- **Traumatic brain injury**
- **Internal and external hemorrhage (including use of a tourniquet and hemostatic agents)**
- **Fractures and dislocations (including reduction of dislocation)**
- **Anaphylaxis (including administering epinephrine using automated injection device)**
- **Exertional sickling, rhabdomyolysis, and hyponatremia**
- **Diabetes (including use of glucometer, administering glucagon, insulin)**
- **Drug overdose (including administration of rescue medications such as naloxone)**
- **Wounds (including care and closure)**
- **Testicular injury**
- **Other musculoskeletal injuries**

Standard 71 **Perform an examination to formulate a diagnosis and plan of care for patients with health conditions commonly seen in athletic training practice. This exam includes the following:**

- **Obtaining a medical history from the patient or other individual**
- **Identifying comorbidities and patients with complex medical conditions**
- **Assessing function (including gait)**
- **Selecting and using tests and measures that assess the following, as relevant to the patient's clinical presentation:**
  - **Cardiovascular system (including auscultation)**
  - **Endocrine system**
  - **Eyes, ears, nose, throat, mouth, and teeth**
  - **Gastrointestinal system**
  - **Genitourinary system**
  - **Integumentary system**
  - **Mental status**
  - **Musculoskeletal system**
  - **Neurological system**
  - **Pain level**
  - **Reproductive system**
  - **Respiratory system (including auscultation)**
  - **Specific functional tasks**
- **Evaluating all results to determine a plan of care, including referral to the appropriate provider when indicated**

Standard 72 **Perform or obtain the necessary and appropriate diagnostic or laboratory tests—including (but not limited to) imaging, blood work, urinalysis, and electrocardiogram—to facilitate diagnosis, referral, and treatment planning.**

Standard 73 **Select and incorporate interventions (for pre-op patients, post-op patients, and patients with nonsurgical conditions) that align with the care plan. Interventions include (but are not limited to) the following:**

- **Therapeutic and corrective exercise**
- **Joint mobilization and manipulation**
- **Soft tissue techniques**
- **Movement training (including gait training)**
- **Motor control/proprioceptive activities**
- **Task-specific functional training**
- **Therapeutic modalities**
- **Home care management**
- **Cardiovascular training**

Standard 74 **Educate patients regarding appropriate pharmacological agents for the management of their condition, including indications, contraindications, dosing, interactions, and adverse reactions.**

Standard 75 **Administer medications or other therapeutic agents by the appropriate route of administration upon the order of a physician or other provider with legal prescribing authority.**

Standard 76 **Evaluate and treat a patient who has sustained a concussion or other brain injury, with consideration of established guidelines:**

- **Performance of a comprehensive examination designed to recognize concussion or other brain injury, including (but not limited to) neurocognitive evaluation, assessment of the vestibular and vision systems, cervical spine involvement, mental health status, sleep assessment, exertional testing, nutritional status, and clinical interview**
- **Re-examination of the patient on an ongoing basis**
- **Recognition of an atypical response to brain injury**
- **Implementation of a plan of care (addressing vestibular and oculomotor disturbance, cervical spine pain, headache, vision, psychological needs, nutrition, sleep disturbance, exercise, academic and behavioral accommodations, and risk reduction)**
- **Return of the patient to activity/participation**
- **Referral to the appropriate provider when indicated**

Standard 77 **Identify, refer, and give support to patients with behavioral health conditions. Work with other health care professionals to monitor these patients' treatment, compliance, progress, and readiness to participate.**

Annotation *These behavioral health conditions include (but are not limited to) suicidal ideation, depression, anxiety disorder, psychosis, mania, eating disorders, and attention deficit disorders.*

Standard 78 **Select, fabricate, and/or customize prophylactic, assistive, and restrictive devices, materials, and techniques for incorporation into the plan of care, including the following:**

- **Durable medical equipment**

- **Orthotic devices**
- **Taping, splinting, protective padding, and casting**

Prevention, Health Promotion, and Wellness

Standard 79 **Develop and implement strategies to mitigate the risk for long-term health conditions across the lifespan. These include (but are not limited to) the following conditions:**

- **Adrenal diseases**
- **Cardiovascular disease**
- **Diabetes**
- **Neurocognitive disease**
- **Obesity**
- **Osteoarthritis**

Standard 80 **Develop, implement, and assess the effectiveness of programs to reduce injury risk.**

Standard 81 **Plan and implement a comprehensive preparticipation examination process to affect health outcomes.**

Standard 82 **Develop, implement, and supervise comprehensive programs to maximize sport performance that are safe and specific to the client's activity.**

Standard 83 **Educate and make recommendations to clients/patients on fluids and nutrients to ingest prior to activity, during activity, and during recovery for a variety of activities and environmental conditions.**

Standard 84 **Educate clients/patients about the effects, participation consequences, and risks of misuse and abuse of alcohol, tobacco, performance-enhancing drugs/substances, and over-the-counter, prescription, and recreational drugs.**

Standard 85 **Monitor and evaluate environmental conditions to make appropriate recommendations to start, stop, or modify activity in order to prevent environmental illness or injury.**

Standard 86 **Select, fit, and remove protective equipment to minimize the risk of injury or re-injury.**

Standard 87 **Select and use biometrics and physiological monitoring systems and translate the data into effective preventive measures, clinical interventions, and performance enhancement.**

Health Care Administration

Standard 88 **Perform administrative duties related to the management of physical, human, and financial resources in the delivery of health care services. These include (but are not limited to) the following duties:**

- **Strategic planning and assessment**
- **Managing a physical facility that is compliant with current standards and regulations**
- **Managing budgetary and fiscal processes**
- **Identifying and mitigating sources of risk to the individual, the organization, and the community**
- **Navigating multipayor insurance systems and classifications**
- **Implementing a model of delivery (for example, value-based care model)**

Standard 89 **Use a comprehensive patient-file management system (including diagnostic and procedural codes) for documentation of patient care and health insurance management.**

Standard 90 **Establish a working relationship with a directing or collaborating physician.**

Annotation *This standard is specific to preparing an athletic trainer to fulfill the Board of Certification Standards of Professional Practice, specifically Standard 1, "The Athletic Trainer renders service or treatment under the direction of, or in collaboration with a physician, in accordance with their training and the state's statutes, rules and regulations."*[1]

Standard 91 **Develop, implement, and revise policies and procedures to guide the daily operation of athletic training services.**

Annotation *Examples of daily operation policies include pharmaceutical management, physician referrals, and inventory management.*

Standard 92 **Develop, implement, and revise policies that pertain to prevention, preparedness, and response to medical emergencies and other critical incidents.**

Standard 93 **Develop and implement specific policies and procedures for individuals who have sustained concussions or other brain injuries, including the following:**

- **Education of all stakeholders**
- **Recognition, appraisal, and mitigation of risk factors**
- **Selection and interpretation of baseline testing**
- **Agreement on protocols to be followed, including immediate management, referral, and progressive return to activities of daily living, including school, sport, occupation, and recreation**

Standard 94 **Develop and implement specific policies and procedures for the purposes of identifying patients with behavioral health problems and referring patients in crisis to qualified providers.**

Glossary

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

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

A. A review and analysis of the program's previously submitted action plans. This should include
    1. any assessment data used to evaluate the previous action plan,
    2. a discussion of strategies that have and have not worked, and
    3. any revisions that have been made to the previous action plan based on subsequent assessment data.

B. Analysis of the program's current BOC examination pass rate (for the most recent three years) and progress toward compliance, including
    1. the number of students enrolled in the program in each of the past three years,
    2. the number of students who have attempted the exam in each of the past three years,
    3. the cohort-by-cohort first-time pass rate for each of the past three exam cohorts, and
    4. the three-year aggregate first-time pass rate for each of the past three years.

C. Projection for the program's anticipated exam outcomes for next year.
    This is an analysis of how well the program believes its new action plan (see below) will improve exam performance for the next exam cohort and how they expect this to affect their three-year aggregate first-time pass rate in the next year. The analysis must include
    1. an analysis of the number of students expected to take the exam in the next year, based on current enrollment;
    2. a conservative estimated annual first-time pass rate for the upcoming year, given the steps outlined in the action plan (see below) and current student potential;
    3. a conservative estimated three-year aggregate first-time pass rate for the upcoming year, based on the projection provided (see above); and
    4. a narrative discussing the likelihood that the program will come into compliance with Standard 6 in the next year, given the data provided in C.1, C.2, and C.3 above.

    The action plan, developed as part of the analytic progress report, must include all of the elements identified in Standard 5. These include
    1. developing targeted goals and action plans to achieve the desired outcomes,
    2. stating the time lines for reaching the outcomes, and
    3. identifying the person or persons responsible for each element of the action plan.

D. Updating the elements of the action plan as they are met or as circumstances change.

Adjunct faculty: Individuals contracted to provide course instruction on a full-course or partial-course basis but whose primary employment is elsewhere inside or outside the institution. Adjunct faculty may be paid or unpaid.

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

Assessment plan: A description of the process used to evaluate the extent to which the program is meeting its stated educational mission, goals, and outcomes. The assessment plan involves the collection of information from a variety of sources and must incorporate assessment of the quality of instruction (didactic and clinical), quality of clinical education, student learning, and overall program effectiveness. The formal assessment plan must also include the required student achievement measures identified in Standard 5. The assessment plan is part of the framework.

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

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

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

Biometrics: Measurement and analysis of physical characteristics and activity.

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

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

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

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

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

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

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

Faculty: *See* Adjunct faculty; Associated faculty; Core faculty.

First-time pass rate on the Board of Certification examination: The percentage of students who take the Board of Certification examination and pass it on the first attempt. Programs must post the following data for the past three

years on their website: the number of students graduating from the program who took the examination; the number and percentage of students who passed the examination on the first attempt; and the overall number and percentage of students who passed the examination, regardless of the number of attempts.

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

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

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

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

Health care providers: Individuals who hold a current credential to practice the discipline in the state and whose discipline provides direct patient care in a field that has direct relevancy to the practice and discipline of athletic training. These individuals may or may not hold formal appointments to the instructional faculty.

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

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

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

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

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

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

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

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

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

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

Patient-centered care: Care that is respectful of, and responsive to, the preferences, needs, and values of an individual patient, ensuring that patient values guide all clinical decisions. Patient-centered care is characterized by efforts to clearly inform, educate, and communicate with patients in a compassionate manner. Shared decision making and management are emphasized, as well as continuous advocacy of injury and disease prevention measures and the promotion of a healthy lifestyle.[8]

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

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

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

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

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

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

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

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

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

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

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

Quality improvement: Systematic and continuous actions that result in measurable improvement in health care services and in the health status of targeted patient groups.[11] Quality improvement includes identifying errors and hazards in care; understanding and implementing basic safety design principles such as standardization and

simplification; continually understanding and measuring quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and designing and testing interventions to change processes and systems of care, with the objective of improving quality.[12]

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

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

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

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

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

Supervision: Supervision occurs along a developmental continuum that allows a student to move from interdependence to independence based on the student's knowledge and skills as well as the context of care. Preceptors must be on-site and have the ability to intervene on behalf of the athletic training student and the patient. Supervision also must occur in compliance with the state practice act of the state in which the student is engaging in client/patient care.

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

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

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

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