Appendix D – Site Visit Report

INTRODUCTION:

Each Standard must be assigned a compliance benchmark.

(C) Compliant Full Meets the Standard
(PC) Partial-Compliance Partially Meets the Standard
(NYC) Not Yet Compliant Does Not Yet Meet Any Components of the Standard

Please identify your program’s current benchmark for each standard, adding any additional commentary regarding standards undergoing change or explanation for any standards identified as PC or NYC.

STANDARDS FOR ACCREDITATION

A. POST-SECONDARY INSTITUTION STANDARDS

1. The post-secondary institution and affiliates, if any, must be accredited by the Association of University and Colleges of Canada (AUCC) or the Association of Canadian Community Colleges (ACCC).

| SUMMARY OF COMPLIANCE WITH STANDARD 4.2.A.1 |
| --- | --- | --- |
| C | PC | NYC |

2. For programs in which academic and clinical instruction and supervised practice are provided by two or more institutions, responsibilities for program administration, instruction, supervision, and other functions of the sponsoring institutions and of each affiliate must be clearly documented in a formal affiliation agreement or memorandum of understanding among the parties.

| SUMMARY OF COMPLIANCE WITH STANDARD 4.2.A.2 |
| --- | --- | --- |
| C | PC | NYC |

3. Accredited educational programs must be established in a degree-granting post-secondary academic institution.
4. Post-secondary institutions assume primary responsibility for student admission, curriculum planning as per selection of course content, co-ordination of classroom teaching and supervised practicum experiences, appointment of faculty, and granting the credential documenting satisfactory completion of the educational program.

5. The institution must ensure full liability protection for students during field and clinical practicums.

6. The institution must be authorized under applicable provincial law and statute to provide a program of post-secondary education.

B. RESOURCES

1. Personnel Resources

   a) Program Leadership/Athletic Therapy Education Program Direction

   **Qualifications:** The Director of the program is to be a full-time paid employee of the institution. The Director of the program must also be a current certified athletic therapist of the Association for a minimum of 10 years. The Director of the program should have a strong academic orientation and should have demonstrated an interest and have experience in the professional preparation of students. This individual must also demonstrate leadership in athletic therapy and sport medicine through involvement in professional practice, national/provincial athletic therapy and sport medicine organizations, undergraduate education, curriculum design, student mentorship, peer-reviewed publication, public speaking and community outreach.

   Academic qualifications for the Program Director are PhD preferred, thesis-based Master’s required.
**Responsibilities**: For each institution, the title of the individual(s) responsible for program direction, leadership, day-to-day operation, coordination and supervision of the athletic therapy education program may vary. Notwithstanding their title, this individual is responsible for overseeing the curriculum of the program, inclusive of programmatic and course changes, evaluation plan for core athletic therapy competencies and for working with core athletic therapy faculty in effective planning and implementation of student academic and practicum experience in the athletic therapy program. The Program Director will also serve as the institutional representative with the Committee of Accredited Institutions of the Association.

### SUMMARY OF COMPLIANCE WITH STANDARD 4.2.B.1.a

<table>
<thead>
<tr>
<th>C</th>
<th>PC</th>
<th>NYC</th>
</tr>
</thead>
</table>

**b) Core Athletic Therapy Teaching Faculty**

**Qualifications:** The full-time core athletic therapy teaching faculty must be a current certified athletic therapist of the Association for a minimum 3 years. Academic qualifications for the core athletic therapy teaching faculty are PhD preferred, thesis-based Master’s required.

**Number:** There must be a minimum of two full-time core athletic therapy teaching faculty. The number of core athletic therapy teaching faculty must also be sufficient to maintain student-to-faculty ratios that allow for effective instruction and evaluation. The qualitative metrics for evaluating the appropriate full-time complement for an institution will include: 1) the ability to deliver a competency-based education curriculum, and 2) effectively evaluating students. PAC will rely on faculty interviews, student interviews, and practicum agency interviews to gather data to evaluate curriculum delivery and student evaluation. The recommended full-time faculty complement is one that maintains a ratio of one (1) core athletic therapy faculty member per eight (8) athletic therapy students, based on the program’s first year intake.

**Responsibilities:** Faculty members responsible for teaching required athletic therapy core subject matter, must be a certified athletic therapist of the Association.

Athletic therapy education is interdisciplinary in nature. Therefore, teaching faculty for the discipline-based courses may be comprised of individuals from various academic units and disciplines including medicine, biology, chemistry, physics, psychology, education, nutrition, health, and kinesiology/physical education.

All faculty members teaching within the accredited athletic therapy program must be familiar with the athletic therapy competencies.
c) Instructional Support Staff

c1) Teaching / Instructional Assistants/Laboratory Demonstrators

*Qualifications:* Any individual assisting with the instruction of core athletic therapy courses must be a current certified athletic therapist of the Association.

*Responsibilities:* As per institutional position responsibilities.

c2) Practicum Coordinator

*Qualifications:* The practicum coordinator must be a current certified athletic therapist of the Association. This individual may also be a part of the teaching faculty.

*Responsibilities:* A practicum coordinator provides administration of the field and clinical practicum experiences. This includes but is not limited to engagement with program curriculum, orientation of the clinical educators and site suitability.

c3) Institution-Faculty Practicum Liaison

*Qualifications:* The Institution-Faculty Practicum Liaison must be a current certified athletic therapist of the Association. This person is typically a faculty member (e.g. contract or full-time). There are many titles for this position at various institutions including, but not limited to: faculty member, instructor, professor, clinical mentor, and clinical supervisor.

*Responsibilities:* The Practicum Liaison is the primary person responsible for the final grade allocation from the accredited program, but must work closely with the clinical educator to determine the grade. This person is responsible to liaise with both the clinical educator and the student placed at the clinical educator’s field or clinic environment. This person helps build the clinical educator’s capacity for student evaluation and feedback with the ultimate goal of student’s becoming competent professionals in athletic therapy. Moreover, formative and summative feedback and capacity building for the clinical educators is the
responsibility of the Institution-Faculty Liaison.

### SUMMARY OF COMPLIANCE WITH STANDARD 4.2.B.1.c3

- **C**
- **PC**
- **NYC**

**d) Administrative Support Staff**

Sufficient clerical and other support staff should be readily available to the athletic therapy program.

### SUMMARY OF COMPLIANCE WITH STANDARD 4.2.B.1.d

- **C**
- **PC**
- **NYC**

**e) Clinical Educators**

**Qualifications:** A clinical educator should be a current certified athletic therapist of the Association. Allied healthcare professionals may act as clinical educators provided that it is not the student’s only experience throughout their program. This individual is not required to be an institutional employee.

**Responsibilities:** A clinical educator provides supervision and education of students in the practicum aspects of the athletic therapy education program. This includes but is not limited to engagement with program curriculum, orientation, training, and student evaluations. They work with the Institution-Faculty Practicum Liaison to complete student evaluation and provide feedback that optimizes student progress and competency development.

### SUMMARY OF COMPLIANCE WITH STANDARD 4.2.B.1.e

- **C**
- **PC**
- **NYC**

2. **Professional Development**

Where collective agreements are silent on professional development, all full-time athletic therapy faculty teaching athletic therapy core curriculum should be afforded professional development opportunities by the sponsoring institution.

### SUMMARY OF COMPLIANCE WITH STANDARD 4.2.B.2

- **C**
- **PC**
- **NYC**

3. **Financial Resources**

The financial resources for the athletic therapy educational program must be ensured to
fulfil obligations for program ongoing development and delivery.

<table>
<thead>
<tr>
<th>SUMMARY OF COMPLIANCE WITH STANDARD</th>
<th>4.2.B.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PC</td>
</tr>
</tbody>
</table>

4. Physical Resources

a) Facilities

The classrooms, laboratories, clinical and other facilities, faculty and administrative offices must provide experiential learning opportunities for all students enrolled within the athletic therapy program to support the knowledge, skills and aptitudes needed for a competent entry-level athletic therapist.

<table>
<thead>
<tr>
<th>SUMMARY OF COMPLIANCE WITH STANDARD</th>
<th>4.2.B.4.a</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PC</td>
</tr>
</tbody>
</table>

b) Equipment and Supplies

There must be appropriate and sufficient equipment, supplies, and storage space to provide experiential learning opportunities which support the knowledge, skills, and aptitudes needed for a competent entry-level athletic therapist.

There must be appropriate instructional and audio-visual aids included, but not limited to, clinical specimens, anatomical models, modalities, tables, tape, emergency care and rehabilitation tools to support the applied learning experiences delineated by the educational components of the curriculum.

<table>
<thead>
<tr>
<th>SUMMARY OF COMPLIANCE WITH STANDARD</th>
<th>4.2.B.4.b</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PC</td>
</tr>
</tbody>
</table>

b1) Therapeutic Modalities and Rehabilitation

There must be a wide range of contemporary therapeutic modalities and rehabilitation tools available for instructional and practice purposes.

<table>
<thead>
<tr>
<th>SUMMARY OF COMPLIANCE WITH STANDARD</th>
<th>4.2.B.4.b1</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PC</td>
</tr>
</tbody>
</table>
b2) First Aid and Emergency Care Equipment

There must be a range of contemporary equipment and supplies in emergency care for instructional and practice purposes.

<table>
<thead>
<tr>
<th>SUMMARY OF COMPLIANCE WITH STANDARD</th>
<th>4.2.B.4.b2</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PC</td>
</tr>
</tbody>
</table>

c) Learning Resources

Students in the athletic therapy program must have ready access, in time and location, to a supply of current books, journals, periodicals, and other reference materials related to the curriculum.

<table>
<thead>
<tr>
<th>SUMMARY OF COMPLIANCE WITH STANDARD</th>
<th>4.2.B.4.c</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PC</td>
</tr>
</tbody>
</table>

C. STUDENTS

1. Admission Policies and Procedures:
   The specific academic and technical standards for admission of students must be made in accordance with clearly defined and published policies of the institution.

   The policies and standards regarding advanced placement, transfer of credit and credit for experiential learning must be available to students.

<table>
<thead>
<tr>
<th>SUMMARY OF COMPLIANCE WITH STANDARD</th>
<th>4.2.C.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PC</td>
</tr>
</tbody>
</table>

2. Evaluation of Students:
   a) Programmatic Evaluation Plan

   Programs should have an overall evaluation plan for the program that aligns with the competency development model. Student evaluation should be frequent, regular, formative and summative to facilitate competency development. Programs should have a student remediation policy and procedures. Evaluation of students should assess the acquisition of knowledge, problem identification and problem-solving skills, and psychomotor, behavioral, clinical and on-field competencies. To help describe the programmatic evaluation plan, a template has been provided in Appendix G.
b) Student Course Evaluation Methods

The criteria for successful completion of each course of the curriculum shall be given in advance to each student. Evaluation methods shall include content related to the objectives and competencies described in the curriculum for both didactic and supervised clinical education. Students must document appropriate learning experiences and curriculum sequencing to develop the competencies necessary for graduation, including appropriate instructional materials, classroom presentations, discussions, demonstrations, supervised clinical and on-field practica, and other practical evaluations.

c) Frequency and Level of Competency Evaluation

The program must identify the frequency to which competencies are evaluated at levels of introduction, applied, and entry level competence.

d) Graduation Requirements

The program specific graduation requirements must be made available to each student.

D. OPERATIONAL POLICIES

1. Fair Practices:
   a) The program marketing and advertising must accurately reflect the program offered.

   b) Student admission, faculty and staff recruitment, and faculty and staff employment practices
shall be non-discriminatory.

c) The program must accurately publish academic credit and full program costs to the student.

d) The program shall have a defined and published policy and procedure for processing student and faculty grievances.

e) The policies and procedures for students withdrawal, and for refunds of tuition and fees, shall be published.

f) The programs must submit a student code of conduct which clearly outlines the program expectations. This code of conduct must ensure that students are not substituted for regular staff in an experiential learning environment or practicum.

2. Student Records:

Satisfactory records shall be maintained for student admission, attendance, and evaluation. Grades and credit for courses shall be recorded on the student transcript and permanently maintained by the post-secondary institution in a safe and accessible location.

E. PROGRAM EFFECTIVENESS
The program must:

1. Systematically obtain and provide substantial and accurate information on its educational effectiveness especially as measured by student achievements. Including metrics such as CATA certification rates, graduation rates, employability, attrition, and student satisfaction.

<table>
<thead>
<tr>
<th>SUMMARY OF COMPLIANCE WITH STANDARD</th>
<th>4.2.E.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PC</td>
</tr>
</tbody>
</table>

2. Maintain a clearly articulated curriculum map.

<table>
<thead>
<tr>
<th>SUMMARY OF COMPLIANCE WITH STANDARD</th>
<th>4.2.E.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PC</td>
</tr>
</tbody>
</table>

3. Ensure that there is a process in place for adequately documenting degree progression and completion. Also, verify that degrees are conferred on the basis of educational achievement assessed and documented through appropriate measures.

<table>
<thead>
<tr>
<th>SUMMARY OF COMPLIANCE WITH STANDARD</th>
<th>4.2.E.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PC</td>
</tr>
</tbody>
</table>

F. CURRICULUM REQUIREMENTS

**Competency Framework:** programs will design curriculum to include the competency framework and competencies. Two guiding definitions of competency-based education and standards should help provide an overarching guide to program design and development:

**Competency-based education** is a strategy that progressively exposes students to a continuum of learning that fosters the development of general and specific knowledge, skills, and dispositions. CBE requires a combination of instruction, experiential learning, and assessment.

**National Standards of Practice** are performance benchmarks that Certified Athletic Therapists are expected to achieve in accordance with the Competencies as defined by the Canadian Athletic Therapists Association

1. **Description of the Program:**
   a. Faculty and students shall be provided with a clear written description of the program and its content including learning goals, course objectives, supervised practicum assignments
and competencies required for graduation.

### SUMMARY OF COMPLIANCE WITH STANDARD  4.2.F.1.a

**C**

**PC**

**NYC**

- The program articulates a student competency framework that coincides with the overall program delivery and curriculum and CATA competencies.

### SUMMARY OF COMPLIANCE WITH STANDARD  4.2.F.1.b

**C**

**PC**

**NYC**

c. Learning and scholarship must be demonstrated in the following subject matter areas:

1. concussion assessment and management*
2. prevention of athletic injuries/illness*
3. assessment of athletic injuries/illness*
4. emergency care*
5. therapeutic modalities*
6. rehabilitation principles*
7. taping and bracing*
8. ethics, professionalism and cultural competence*
9. patient education and advocacy*
10. therapeutic exercise*
11. strength and conditioning
12. business of athletic therapy
13. human anatomy
14. human physiology
15. exercise physiology
16. biomechanics
17. food and nutrition
18. sport and exercise psychology
19. pharmacology
20. pathology
21. research methods and statistics
22. health
23. adapted physical activity
24. motor control and learning
(25) indigenous studies
(26) leadership and communication

* = Core Athletic Therapy Course, must be delivered by core athletic therapy teaching faculty

<table>
<thead>
<tr>
<th>SUMMARY OF COMPLIANCE WITH STANDARD</th>
<th>4.2.F.1.c</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PC</td>
</tr>
</tbody>
</table>

d. Clinical and field practica should be integrated and sequenced simultaneously with other theoretical and experiential learning in the curriculum. The curriculum shall include provision for clinical and field experiences under a clinical educator in an acceptable clinical and field setting.

<table>
<thead>
<tr>
<th>SUMMARY OF COMPLIANCE WITH STANDARD</th>
<th>4.2.F.1.d</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PC</td>
</tr>
</tbody>
</table>

2. The athletic therapy curriculum is to include provision of practicum courses that provide students with opportunity for field and clinical experience under the supervision of a qualified clinical educator.

<table>
<thead>
<tr>
<th>SUMMARY OF COMPLIANCE WITH STANDARD</th>
<th>4.2.F.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PC</td>
</tr>
</tbody>
</table>

3. Practicum experiences should be initiated early in the student’s program and should be designed to provide the student with sufficient opportunity to develop specific competencies pertaining to the practice of athletic therapy. These experiences should assist the student to develop their knowledge and skill set that progresses from introduction, to application, to entry-level competence.

<table>
<thead>
<tr>
<th>SUMMARY OF COMPLIANCE WITH STANDARD</th>
<th>4.2.F.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PC</td>
</tr>
</tbody>
</table>

4. Practicum experiences must provide each student with exposure to a variety of sports, genders, clinical educators and clinical and field environments.

<table>
<thead>
<tr>
<th>SUMMARY OF COMPLIANCE WITH STANDARD</th>
<th>4.2.F.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PC</td>
</tr>
</tbody>
</table>
5. Supervised clinical practicums must ensure that the clinical educator is readily accessible to students for instruction and guidance. A ratio which does not exceed four students to one clinical educator during the student’s practicum at a single time.

<table>
<thead>
<tr>
<th>SUMMARY OF COMPLIANCE WITH STANDARD</th>
<th>4.2.F.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PC</td>
</tr>
</tbody>
</table>

6. Supervised field practicums must ensure that the clinical educator is readily accessible to students for instruction and guidance. A ratio which does not exceed eight students to one clinical educator during the student’s practicum at a single time.

<table>
<thead>
<tr>
<th>SUMMARY OF COMPLIANCE WITH STANDARD</th>
<th>4.2.F.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PC</td>
</tr>
</tbody>
</table>

7. Interprofessional educational opportunities should be part of practica.

<table>
<thead>
<tr>
<th>SUMMARY OF COMPLIANCE WITH STANDARD</th>
<th>4.2.F.7</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>PC</td>
</tr>
</tbody>
</table>