The Degree Transition

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ADMINISTRATORS

How to Begin

1) Superficially explore the questions below first. Fully explore them after you gain initial buy-in from your university (some will have pre-proposal/white-paper approval before permission to submit a fully-realized degree proposal).
   a. Put together a rough budget feasibility study. Will it be financially feasible to transition? Graduate programs generally must be financially completely self-sustaining and you may need to know enough about budget to ensure that the degree was possible. Otherwise, you may not get support from your dean, provost, etc. Also as part of budget modeling, a key step is to define terms and clarify assumptions
      • e.g. Who gets the graduate revenue? Does it go to the graduate school & then get split up by the dean? Does it come straight to the AT program?
      • e.g. If you have an accelerated 5 year program—who gets the revenue for their 4th year—UG or Grad?
   b. Do not forget to include the budget ramifications of potential overlapping years (bachelors and masters running at same time, or a “gap year”). Does the budget account for the needed overloads or adjunct faculty to assist?

2) As you work through the questions, create a task list that includes the task, rationale, responsible person, due date and check-off for completion. This will help keep you on track.

3) Understand the CAATE expectations for substantive change of a program (transition) vs. voluntary withdrawal and teach-out of the old program and proposing an entirely new program. Decide which option is best for your institution.

4) Meet with the offices who oversee graduate programs. Find out how willing/able they are to entertaining a new degree program and determine if there are certain directions they want you to take with regard to the structure of a new program. What are the intricacies of your own institution process for approval? Find out the level of enrollment that they expect.

5) Examine the relevant documents your own institution uses to show the process of proposing a new degree program. Keep in mind that undergraduate and graduate requirements may be entirely different and committees are not likely to be the same or have the same procedures. Ask the responsible administrator for a template and an example to follow.

6) Find the templates for a new degree program and/or talk to the committee that evaluates a new degree proposal at your institution. They will likely have a series of questions you must answer. These questions will help you start to operationalize your new degree. Questions may include:
   a. Perform a SWOT analysis
   b. How does your program integrate with university and state system mission, vision, goals?
   c. Does your program align with the strategic plan for the university?
   d. Can you establish a need for your program?
   e. Will anyone object to your program (including other schools in your state)?
   f. How many credit hours will your program generate?
   g. Do you have the budget to operate? If not, what more do you need?
   h. What new resources are required? (e.g. space, faculty, clinical placement sites)
   i. What is the benefit to the community, state and/or nation?
j. Will your program have articulation agreements with others?
k. What has been/will be your planning process?
l. What will indicate quality?
m. What requirements does the university have regarding admissions standards? What requirements does the university have regarding progress toward degree (ex. comprehensive exams) and research?

7) Determine the basic philosophy of the new degree program. What do you hope to accomplish? What will be the mission, vision, goals and foundational principles?

8) Determine what you would really love to do differently compared to your current program.

9) Examine your current program outcomes, including exit surveys, preceptor surveys and alumni surveys. What are you currently unable to accomplish that you would like to?

10) Examine “Gold Standard” programs – those who you hear through colleagues or graduates are excellent and/or those who have great outcomes (including, but not limited to, BOC pass rates).

11) Examine peer institutions (similar size and focus) admissions, requirements, and curriculum. Look at their size, number of faculty, and resources. Consider making a spreadsheet with this information so that you can benchmark against them.

12) Read your university, college, and department current mission, vision, goals and relevant strategic planning documents.

13) Consult with colleagues in other health disciplines at your university. What is their perception of your proposed program? Have they pitched a new degree before at your institution, and if so, can they provide insight and/or an example?

14) Consult with current and recent students.

15) Consult with colleagues from other AT Programs.

16) Consult with preceptors – especially regarding the clinical component.

17) Does your new graduate degree need to be aligned differently than your current undergraduate degree? If not aligned with other health professions, can you defend your alignment?

18) What bachelors programs would be the most logical “feeders” to your program?

19) What will be the relationship between the pre-professional program (“feeder”) and the professional program? Do you need to design an undergraduate pre-professional program as well? Will you have a stand-alone 2-year program with the expectation of accepting students from within and without your institution?

20) Do you need/want to explore articulation agreements with other colleges/universities who will serve as “feeder” institutions? Do you want/need to explore co-sponsoring degrees?

21) Who is your market?

22) Should you canvas the current university student body about interest?

23) Examine the current Standards and Competencies and the PROPOSED CAATE Standards (that include the PROPOSED curricular content).

24) Examine the Institute of Medicine Core Competencies for Interprofessional Collaborative Practice.

Resources:

1) Commission on Accreditation of Athletic Training Education. The Professional Degree. 


Think about Timeline

1) Create a LITERAL TIMELINE to put relevant due dates and task lists that cannot be missed!
2) When will you have the resources (budget, faculty, and space) to transition?
3) How long does it take at your institution to get approval at college, university, state, regional accreditation? (Add time for substantive change process also)
4) Are there other changes at your college or university that might be relevant?
5) How soon do you need to notify prospective students/incoming freshman that your program will discontinue? How will you notify them? What is precedent at your institution?
6) Meet with admissions early in the process to learn more about their timeline to notify current students about potential changes and their timeline to recruit potential new students.
7) Will you overlap programs? When will undergraduate transition out and graduate in?
8) Will your new degree launch before or after the proposed CAATE standards are implemented? You may want to strongly consider using the NEW curricular content standards (once approved) to frame your new program (even if you may have to do the substantive change mini-self-study based on the current/old ones).
9) How early do you need to market the program to ensure success? How will you market (e.g. listserv, social media, webinars etc., local HS and community colleges, etc.)
10) Talk with the individuals responsible for website design and marketing. What is their timeline? What are their costs? If these are fee driven services, when will you have the budget to afford updating your website and/or marketing materials.
Resources:


Start to Structure a Shell Curriculum

1) Examine the proposed curricular content standards and current standards to determine what content a student entering your program needs in order to be successful.
2) If you are creating a pre-professional program as well as a professional program, how are the two programs linked?
3) Which pre-requisites will you require above and beyond CAATE requirements (if any)?
4) How much emphasis do you want to put on research? Are there university requirements for comprehensive exams and research that need to be considered?
5) What courses do others teach that you do not….should you consider those? (ie: look at other institutions and programs within your own institution).
6) Draft a very loose curriculum
   a. What content do you feel students should have early, middle and late?
   b. Are there any logical course sequences that must occur? (course series)
   c. In your current program, what do you wish you had more time for? What do you think you are spending too much time on?
7) Will content be taught outside of your academic unit? How will the curriculum impact other programs? If any potential impact, provide opportunity for faculty from other departments to review and provide feedback. It is better to identify potential threats earlier in the process.
8) Consider which mode of delivery is best for your courses. Is there a reason to consider mixed mode and/or online?
9) Make shell syllabi out of your loosely designed curriculum. Use the PROPOSED new CAATE curricular content standards to create your objectives (may be OK to use exact standard statements to start – consider making program specific objectives from them later on).
10) Does your shell curriculum have the proper pre-requisites and foundational coursework to make students successful?
11) Establish other admission standards (e.g. GRE scores, observation hours, essay, etc). See if your college or university has specific expectations.
12) Determine what is “good progress” toward the degree and what benchmarks students must hit.
13) What should be THREADED through the entire curricular sequence (e.g. cultural competence, IPE, writing skills, information fluency, EBP, etc)? Religious based institutions may have value based curricular requirements.
14) What is the overall structure of the clinical education component? The 2020 CAATE Standards will require that all students complete an immersive clinical experience. This is defined as “An immersive clinical experience is a practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers. Students must participate in the day-today and week-to-week role of an athletic trainer for a period of time identified by the program (but minimally one continuous four-week period).”

a. Where, when, how long will an immersive clinical experience occur?

b. Settings that offer exposure to more of the domains of AT practice are most appropriate for a long immersive clinical experience.

c. How many hours can each setting provide that are quality?

d. What standards do you plan to meet and/or emphasize in each of the experiences?

e. Do you need to expand your clinical education site pool?

15) Consider that the expectations of preceptors will need to change – these will be graduate students and the entire program, including clinical education, should be more rigorous. Are all of your preceptors up to the challenge?

Resources:


4) Include a link to the PEC Presentation from NATA 2017.


6) Articles on cultural competence

7) Articles on EBP

8) Articles on admissions standards/retention

9) Articles on clinical education in master’s degree programs

Get Feedback, Revise and Propose

Once you have created a curricular framework and created shell syllabi, you may want to present the information to another group for feedback. Alumni and advisory boards as well as faculty from other healthcare programs may provide valuable feedback for you.

Once you have revised based on feedback and completed the proper documents, you may be ready to begin the process of getting your courses and curriculum approved. At many institutions, this will require more than one committee and several layers of approval.

You’re Not Done!

Once you approved, through your university’s relevant committees, you are not done yet. In fact, you really just started. The shell curriculum and shell syllabi need to be transformed into reality. Consider the following:

1) You may need separate approval for course fees and equipment fees.
2) You need to apply for a Substantive Change with the CAATE. The approval process takes 5-8 months from the submission of the mini-self-study. Be sure to consult the CAATE website for timeline and instructions.
3) Should the objectives of the course (if previously written as the exact CAATE Standards) be re-written? Remember the CAATE Professional Knowledge Standards are written to show what a graduating student should be able to do. It may not be appropriate for you to have it as an objective in a course for a first year student. Consider writing your own objective statements that explain the building blocks for that standard that will be addressed in the course.
4) Consider Logistics:
   a. What do the student credit hours and contact hours mean for time spent in the classroom, in lab, and online (if applicable). Do you have enough classroom space and time to accommodate the need? Create a weekly classroom schedule – Does it work with the space you have?
c. Who will teach the course? While one person likely needs to be instructor of record, is it appropriate to have different faculty teach different modules? Assign the courses to your faculty – Does it work without overloading anyone? Do you need more faculty?

d. If you have overlap year(s) (concurrent bachelor and masters cohorts), does the schedule need to be modified? Do you need to modify who will be assigned the course during overlap year(s)?

5) Consider Assessment:
   a. How will your outcomes assessment (institutional effectiveness) plan change? Consider what you desire to accomplish that is new at the graduate level and whether it is appropriate to assess that.
   b. How do you plan to assess the objectives for each course?
      i. Students in different clinical education courses should be assessed according to different expectations. You wouldn’t expect the same things from a first year student that you do for a second year student.
      ii. Which objectives are best assessed through projects/papers vs. written examinations vs. practical exams?
      iii. If you are integrating the content of your courses, can you integrate your assessment also? So if you are testing on an evaluation, can you also assess their documentation of that evaluation?

6) Consider Cultural Competence:
   a. You need to teach it, but do your courses and assessments reflect it? Do your course materials use names and photos of diverse people? Do your scenarios consider factors like social determinants of health and/or culture?

7) Consider Interprofessional Education:
   a. IPE opportunities need to be planned into the curriculum. Who are the natural partners?

8) Consider Transition to Practice:
   a. How does the program intend to facilitate this (classroom, clinical)?

Resources:


2) Articles on Cultural Competence

3) Articles on Institutional Effectiveness/Outcomes Assessment
4) Accreditation Council for Graduate Medical Education. Milestones. 

5) Interprofessional Education (IPE) resources

6) Transition to Practice (TTP) resources

Faculty and Faculty Position Characteristics

1) Consider that the expectations of faculty may need to change – these will be graduate students and the entire program, including clinical education, should be more rigorous. Are all of your faculty up to the challenge? Should you select faculty differently? Should you train or orient faculty differently?

2) Consider the required faculty qualifications for your school, regional accreditor and the CAATE. Your regional accreditation body likely has a requirement that faculty must have earned a degree above the level of the student they are teaching. While the regional accreditor may allow exceptions, your university may not. Remember that the new CAATE Standards (#37) require the Program Director to have an earned doctoral degree.

3) Consider what positions/lines are appropriate for athletic training faculty. Some institutions have tenure earning and non-tenure earning faculty. Some institutions have instructor/lecturer faculty (teaching emphasis), clinical faculty (clinical practice assignment) and/or research faculty (research emphasis) or allow combinations of these emphases. Ensure that the AT faculty have similar lines as faculty in other similar programs at your institution and ensure that the type of position is in line with the capabilities of the faculty member.

4) Consider how teaching, research, service and administrative roles are assigned. Some institutions allow a great deal of freedom with faculty assignments and some do not. Ensure that the assignments for faculty allow you to demonstrate scholarship according to CAATE standards.

5) Consider that your faculty should have similar qualifications, responsibilities, expectations and authority as faculty in other similar programs at your institution have.

6) It is important to benchmark faculty salary against other faculty at your institution to ensure AT faculty are being compensated fairly. Most institutions will have acceptable salary ranges for position, title and years of experience. Ensure that AT faculty are not compensated under those ranges. Benchmark salary data using the NATA Salary Survey (https://www.nata.org/career-education/career-center/salary-survey) while understanding that the ranges provided in the survey may differ significantly from your institution norms. Use this survey data to ensure AT faculty are not undercompensated. It might also be wise to ask your Human Resources to
complete an external equity study and benchmark against other similar institutions as that may yield more impactful information than the NATA salary study.

Resources:


FACULTY

Teaching and Learning Strategies – In the Classroom

1) Consider whether your incoming cohort of graduate students have similar or different characteristics compared to past undergraduate students. Examples of differences may include:
   a. Higher expectations of their educational experience
   b. Family responsibilities and/or different financial needs
   c. Some may have had time off of school since their bachelor’s degree
   d. Some may have life experience that helps or hinders their current education

Resources:


Teaching and Learning Strategies – Clinical Education

1) Consider whether your incoming cohort of graduate students have similar or different characteristics compared to past undergraduate students. Examples of differences may include:
   a. Higher expectations of their educational experience
   b. Family responsibilities and/or different financial needs
   c. Some may have had time off of school since their bachelor’s degree
   d. Some may have life experience that helps or hinders their current education

2) Consider that the expectations of preceptors may need to change – these will be graduate students and the entire program, including clinical education, should be more rigorous. Are all of your preceptors up to the challenge? Should you select preceptors or clinical sites differently? Should you train or orient preceptors differently?

3) Consider recognizing how gender, age, and other personal characteristic can (should/should not) influence your assignment of a student to a preceptor.
4) For a few years, it might be common for a new preceptor to have a student who is older than they are. Extra communication and mentoring for the preceptor and student may be needed.

5) Do you want to consider having higher qualifications for your preceptors (ex. Master Preceptor qualification)? See: [https://www.nata.org/professional-interests/job-settings/higher-education/resources](https://www.nata.org/professional-interests/job-settings/higher-education/resources)

6) Ensure that your chosen clinical education sites and preceptors are in compliance with the BOC® Standards of Professional Practice, the BOC® Facility Standards and all labor laws/state regulatory laws that are applicable.

**Resources:**


**PRECEPTORS**

Change is hard! What key parts of clinical education WILL change?

3) The number of total hours students spend in clinical education during an entire program will likely remain the same/similar, but the number of hours students spend in each individual clinical practice experience will likely change. The CAATE does not dictate an exact amount of hours (minimum or maximum) but provides some guidelines in the Standards (5th Edition Standards 46-53 and 2020 Standards 13-17).
   a. The new standards require an “immersive clinical experience”. According to the 2020 CAATE Standards, “An immersive clinical experience is a practice-intensive experience that allows the student to experience the totality of care provided by athletic trainers. Students must participate in the day-today and week-to-week role of an athletic trainer for a period of time identified by the program (but minimally one continuous four-week period).”
   b. Ask your AT Program how they plan to structure the clinical practice courses.

4) Preceptors should consider whether they desire to be preceptors for an immersive clinical experience as the demands and expectations will likely be higher. Your facility, your staff, your site and your workplace culture may or may not be appropriate for an immersive clinical experience. Program administrators will likely be more selective about which kinds of clinical sites/preceptors are well suited for an immersive clinical experience.
   a. Evaluate whether your facility is meeting the BOC® Facility Principles.
   b. Evaluate whether your staff are meeting the BOC® Standards of Professional Practice.

5) Preceptors will now be required to evaluate students differently depending on student level. Programs must now demonstrate that the evaluation of a student in a first semester clinical practice experience is different from that of a student in a final semester clinical practice experience. Be sure you understand your AT Program’s new evaluation procedures and requirements.

6) For many programs, the change of degree level is coinciding with the new 2020 CAATE Standards. The new Standards have revised Curricular Content. Evaluate the new Curricular Content Standards to determine if you have gaps that can be filled in your own knowledge or skill level.

**Resources:**


Change is hard! What key parts of clinical education MAY change?

1) Research shows that graduate learners may be different than undergraduate learners.
   a. What special needs/concerns/circumstances might graduate students have that are different from undergraduate students? (ex. Kids, jobs, commute, finances, etc) Does their age and life experience influence their role or their perception of what their role should be?

2) Programs may have different training requirements for preceptors. For instance, programs may require preceptors to complete continuing education that classifies them as a Level 1, Level 2 or Master Preceptor.

3) For a few years, it might be common for a new preceptor to have a student who is older than they are. The AT Program may need to provide extra communication and mentoring for you and the student.

4) Ask your AT Program how the degree change will change the number of students you expect to be assigned (none, less, same, more). Put a plan in place for that transition and ensure that transition plan is compliant with CAATE standards, labor laws and the NATA statement on support personnel (student aids).

Resources:

1) Articles on graduate/adult learners

Change is hard! What key parts of clinical education SHOULD change?

1. Some AT clinical practice areas have a reputation of high burnout rates and/or low compliance with labor laws.
   a. It may be important to analyze your personal experiences as a student and as a preceptor under the “old way” and determine positives/negatives, the changing landscape and adjustments that are needed.
   b. Consider how the professional socialization of students and entry-level ATs can change to prevent burnout in the profession. Is this change in education an opportunity to change clinical practice also?
   c. Examine the current labor laws and determine whether your clinical site is compliant with regard to students, interns, and graduate assistants.

Resources:

1) National Athletic Trainers’ Association. NATA official statement for hiring aids to help during the time of transition when there may not be any CAATE students present.
