

Where Do I Start?

The AT Residency Program Director's First Playbook

Tony Pennuto, MS LAT BCS-O

Former Residency Program Director | University of Iowa
Resident → Educator → Program Director → Accreditation

INTRODUCTION

You Don't Know What You Don't Know

The most common thing I hear from athletic trainers who want to build a residency program is something like this:

"I know it's the right thing to do. I just don't know where to start."

I've heard it from early career ATs who want to create the program they wish they'd had. I've heard it from department heads who have the clinical resources but no roadmap. I've heard it from educators who have been mulling this over for three years and still feel stuck at the starting line.

Here's the honest truth: Starting an AT residency program is not complicated. But it *is* layered. And when you can't see the layers clearly, the whole thing looks like one massive, unclimbable wall.

This guide won't build the wall for you. What it does is give you a way to see the individual stones and figure out which one to pick up first.

What This Guide Is (and Isn't)

This is not the CAATE Standards document - you'll need that, and we'll talk about where to find it. This is not a guarantee of accreditation.

What this IS: the orientation I wish someone had handed me before I started. The distillation of what actually matters before you file a single form. A way to find your footing so the process doesn't feel like it's swallowing you whole.

A Note on Cairns

Throughout this guide, you'll see callout boxes describing what the Cairns platform does. These aren't sales pitches; they're honest descriptions of the tools I built because I kept watching program directors run into the same walls. You don't need Cairns to start a residency. But knowing what tools exist might change how hard the journey has to be.

SECTION ONE

The 5 Foundations Before You Touch a Form

Most people go straight to the CAATE website, look at the Standards, and immediately feel overwhelmed. I understand why. But the Standards are the rulebook for a game you first need to know you can actually play.

Before the paperwork, there are five foundational questions. Get these right, and the process becomes manageable. Skip them, and you'll find yourself six months in, working hard on the wrong things.

FOUNDATION 1

Do you have institutional support?

This is the most overlooked question and easily the most consequential. An AT residency program doesn't exist in isolation. It lives inside a healthcare system, a university, or a clinical practice. And that institution has to actually want it.

"Institutional support" means more than someone saying "sounds great." It means a physician or department leader who will advocate for you when administration pushes back. It means protected time, and not just yours, but your faculty preceptors'. It means resources: space, budget lines, and someone in leadership who understands that this takes two to three years to build before a single resident walks in the door.

If you don't have this, your first job isn't to start a residency - it's to build the relationships that make one possible.

◆ CAIRNS CAN DO THIS FOR YOU

Stakeholder Communication & Institutional Readiness Tracking

Cairns includes tools to document your institutional readiness, map your stakeholder landscape, and track the conversations and commitments that turn administrative "maybes" into signed agreements. Nothing falls through the cracks.

FOUNDATION 2

Do you have the clinical infrastructure?

A residency program is only as strong as its clinical learning environment. The CAATE will require you to demonstrate that your residents have access to a defined patient population, adequate volume and variety of cases, and qualified preceptors who can actually supervise and teach, not just sign off.

Ask yourself: Do we see enough patients to give a resident meaningful repetition across the competency domains? Do our clinical sites offer the breadth that the Standards require? Do our staff have the time, the desire, and the qualifications to be preceptors?

If your answer to any of these is “I’m not sure,” that’s actually fine, but it means your first task is an honest audit of what you have, not an application.

◆ CAIRNS CAN DO THIS FOR YOU

Clinical Site Management & Patient Volume Tracking

Cairns maps your clinical sites, tracks patient encounter data by competency domain, and flags gaps in coverage before accreditors do. It also manages preceptor profiles, credentials, and training requirements, so you always know who’s qualified to supervise what.

FOUNDATION 3

Do you understand the accreditation standards?

CAATE publishes the Standards for Athletic Training Residency Programs. They are publicly available, free to download, and not optional to read.

Here's how I'd suggest approaching them: Don't read the Standards looking for what you have to do. Read them looking for what they're describing a high-functioning residency program actually looks like. The Standards are a picture of a good program. Your job is to build that picture.

Every requirement in the Standards connects back to resident outcomes. Keep asking: "How does this requirement help the resident become a better clinician?" When you can answer that question for each standard, you're ready to start writing.

◆ CAIRNS CAN DO THIS FOR YOU

Standards Mapping & Compliance Dashboard

Cairns cross-references every program activity - clinical experiences, assessments, didactic sessions, faculty interactions - against the CAATE Standards. You see exactly where you're compliant, where you're building toward compliance, and where the gaps are. No spreadsheet archaeology required.

FOUNDATION 4

Do you have the right people?

Programs are built on people. You need a Program Director, probably you, if you're reading this. You need faculty who are credentialed, committed, and capable of being more than supervisors. They need to be educators.

This is where a lot of programs underestimate the work. Being a good clinician does not automatically make someone a good preceptor. The best preceptors I've worked with are the ones who understood that the resident's growth was the goal, not their own productivity metrics for the day.

Think carefully about who you're bringing in. A preceptor who doesn't buy into the educational mission can undermine a resident's entire year. The right people are your most important infrastructure.

◆ CAIRNS CAN DO THIS FOR YOU

Faculty & Preceptor Management

Cairns manages your entire preceptor network: credentials, CEU tracking, training completion, and evaluation data. Program Directors can see at a glance which preceptors are engaged, which sites are performing well, and where mentorship quality needs attention.

FOUNDATION 5

Are you ready to document everything?

This one trips people up more than any other. Accreditation is not just about building a good program but about being able to prove you built a good program.

Every assessment. Every clinical encounter. Every curriculum decision. Every preceptor interaction. Every time the program changes. CAATE will want to see documentation of your program's continuous quality improvement, not just a snapshot of where you are today, but evidence of a system that evaluates and improves itself over time.

If you don't build documentation habits into the culture from day one, you will spend the six months before your site visit trying to reconstruct two years of history from memory and email threads. Don't do it.

◆ CAIRNS CAN DO THIS FOR YOU

Program Documentation & Continuous Quality Improvement

Cairns is built around documentation-first design. Every resident interaction, every assessment, every curriculum decision lives in one place, timestamped, connected to standards, and ready for export when CAATE comes calling. Your self-study becomes a report, not a reconstruction project.

SECTION TWO

The Accreditation Journey: A Process Overview

Once your five foundations are solid, the accreditation process follows a defined path. Here's the honest overview - stripped of the jargon, focused on what you're actually doing.

01

Pre-Application & Feasibility

Before you apply for candidacy, do your homework. Complete an honest gap analysis against the CAATE Standards. Secure your institutional agreements in writing. Identify your clinical sites and confirm preceptor availability. Build your curriculum framework. This phase can take 6–12 months — and that's okay. A slow start built on solid foundations beats a fast start built on sand.

02

Application for Candidacy

Candidacy is CAATE's formal acknowledgment that your program has the basic infrastructure to begin operating. You'll submit your program materials, faculty credentials, and clinical site agreements. Think of it as CAATE saying: "We see what you're building and we believe you have the pieces to do it."

03

Operating as a Candidate Program

This is where the real work happens. You're running the program, collecting documentation, assessing your resident, conducting faculty and preceptor evaluations, and building the evidence base for your self-study. Everything you do should connect back to the Standards. Your operating period is typically 1–2 years before your initial accreditation review. Some have done it sooner, some longer. Just do it *right*.

04

Self-Study Preparation

The self-study is your narrative, the story of your program told through data, documentation, and reflection. You'll map every program activity to the Standards, demonstrate your continuous quality improvement process, and present evidence that your residents are achieving the competencies you promised. This is where documentation culture either saves you or costs you.

05

Site Visit & Accreditation Decision

CAATE's site visitors come to verify what you've documented. They'll talk to your residents, your preceptors, your faculty, and your institutional leadership. They'll walk your clinical sites. When your documentation is solid and your people believe in the program, the site visit is a validation, not interrogation. Initial accreditation is awarded following a successful review.

After Accreditation

Accreditation isn't a finish line; it's a license to keep building. Ongoing accreditation requires annual reports, periodic reviews, and demonstrated continuous improvement. The programs that thrive long-term are the ones that build systems, not just programs.

SECTION THREE

The Mistakes I've Watched Programs Make

After 17 years in this space, I've watched programs succeed, stall, and occasionally fall apart. Most of it comes down to the same handful of mistakes. None of them are complicated. All of them are avoidable.

01 Mistaking enthusiasm for infrastructure

Wanting to build a residency is not the same as being ready to build one. Enthusiasm gets programs started. Infrastructure keeps them running. The program directors who burn out fast are almost always the ones who skipped the foundation-building and went straight to resident enrollment.

02 Building the curriculum before the clinical model

The curriculum should emerge from the clinical experience, not the other way around. Know what your patients look like. Know what your residents will actually see and do. Then build the didactic curriculum to fill the gaps the clinical experience can't cover. Start with the schedule, not the syllabus.

03 Treating preceptors as an afterthought

Your preceptors are co-educators. They need training, they need feedback, and they need to feel like they're part of something. Programs that treat preceptors like free labor eventually run out of preceptors. Invest in them early. Recognize their contributions. They are not optional infrastructure.

04 Documenting only when something goes wrong

Accreditation audits don't just look for problems, they look for evidence of a system. If your documentation trail only shows up during corrective actions, that's exactly the picture CAATE will see. Build documentation into every routine interaction. Make it the default, not the exception.

05 Going it alone

This is the one that costs program directors the most. Building a residency is a team sport. You need physician champions, institutional advocates, engaged preceptors, and at some point, a network of other program directors who've been where you are. The PDs who struggle most are the ones who white-knuckle the process in isolation.

SECTION FOUR

Where to Focus This Week

I want to leave you with something concrete. Because the whole point of this guide is to get you moving, not just oriented.

You don't need to do everything at once. You need to do the next right thing.

If you're brand new to this:

Download the CAATE Standards for Athletic Training Residency Programs. Read them once all the way through, not to understand every requirement, but to build a mental model of what a fully-formed program looks like. Then go back and read them through the lens of your own clinical setting. Where do you have what they're describing? Where are the gaps?

If you've started but feel stuck:

Name the thing that's actually stopping you. Is it institutional buy-in? Is it a curriculum you can't seem to finish? Is it preceptor development you've been putting off? The feeling of being stuck is almost never about everything but it's about one specific thing that's blocking the next step. Find that thing. Work on exactly that.

If you have your foundations and you're ready to build:

Build your competency map before you build anything else. Identify the competencies your residents will achieve. Map them to your clinical sites. Map them to your didactic curriculum. Map them to your assessment methods. That map is the spine of your program, everything else connects to it.

“Progress - even slow progress - is progress. A program that takes three years to build correctly will outlast a program that was rushed together in eight months.”

BUILT FOR THIS EXACT MOMENT

Cairns: The AT Residency Operating System

Cairns was built by a program director who watched too many good people struggle with processes that should have been easier. It's a residency operating system designed around how programs actually run - not how they look on paper. Competency tracking. Preceptor management. Standards compliance. Documentation. Continuous quality improvement. Everything a program director needs, in one place.

getcairns.com | [Join the waitlist for early access](#)

Thank you for being someone who takes the education of the next generation seriously. The residents you train will carry what you build forward for decades.

— Tony Pennuto, MS LAT BCS-O