

The University of Kentucky
College of Health Sciences



Professional Masters in Athletic Training
Program
Athletic Training Clinical Education Plan

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I. CLINICAL EDUCATION OVERVIEW

Athletic training clinical experiences and supplemental clinical experiences follow a logical progression that allows for increasingly complex and autonomous patient-care experiences. This clinical education plan outlines the sequence of formal instruction of athletic training knowledge, skills, and clinical abilities, including clinical decision-making. Clinical education allows the ATS the opportunity to practice with different patient populations with varying levels of activity and athletic ability, different sexes, socioeconomic statuses, non-sport activities, and in various health care settings relative to the UK CHS PMATP mission statement.

Clinical education provides students with authentic, real-time opportunities to practice and integrate athletic training knowledge, skills, and clinical abilities, including decision-making and professional behaviors required of the profession in order to develop proficiency as an Athletic Trainer (AT). Clinical education encompasses clinical experiences (supervised by an AT or MD/DO), immersive clinical experiences (supervised by an AT), and supplemental clinical experiences (supervised by other qualified healthcare providers). In this document, the term “clinical experience” refers to all three components of clinical education. There are two immersive clinical experiences within the clinical education plan that allow AT students (ATS) to participate in the day-to-day and week-to-week role of an AT. Supplemental clinical experiences are offered to provide direct/hands-on patient care to enhance the clinical education of the student. Hours obtained during supplemental experiences do not count towards accrual of the required clinical hours.

All clinical education and practice of clinical skills will be compliant with contemporary clinical practice and follow the guidelines provided within the Board of Certification (BOC) Standards of Professional Practice (Appendix A), the National Athletic Trainer’s Association (NATA) Code of Ethics (Appendix B), and the Commission on Accreditation of Athletic Training Education (CAATE) 2020 Professional Standards. All three documents provide guidelines for behaviors of professional practice and delineated best practices within the field of athletic training, and athletic training education (see Professional Fitness Policy). In addition, clinical practice must adhere to state practice acts and laws as well governing the practice of athletic training (e.g. FERPA, OSHA, HIPAA).

II. CLINICAL EXPERIENCES

Overview

Clinical experiences are concurrent with Athletic Training Clinical Experience Courses (AT 640, AT 641, AT 642, AT 643, and AT 644) which span the length of two academic years including one summer semester (5 semesters in total). Prior to beginning clinical experiences and performing skills on patients, the ATS must be officially enrolled in the PMATP, have completed all clinical health and safety requirements in Castle Branch and eMedley, and be registered in the respective clinical experience course.

Each ATS is assigned to a Preceptor, who serves to instruct, guide and mentor the ATS, and who are physically present on-site for all assigned clinical experiences. Distinction must be made that the ATS is assigned to a Preceptor, not to a location or to a sport. Clinical experiences occur each semester in accordance to the progression within the curriculum and in compliance to CAATE guidelines. The ATS has the responsibility for travel to assigned clinical sites both on-campus and off-campus. A reliable mode of transportation is required.

Clinical education assignment designation will not discriminate based on sex, ethnicity, religious affiliation, or sexual orientation. Students gain clinical education experiences* that address the continuum of care that would prepare them to function in a variety of patient care settings, engaged in a range of activities with conditions commonly seen in athletic training clinical practice. Clinical experiences include, but are not limited to:

- Clinical practice opportunities with varied client/patient populations
- Clients/patients:
 - throughout the lifespan (for example, pediatric, adult, elderly),
 - of different sexes,
 - from varying socioeconomic statuses,
 - of varying levels of activity and athletic ability (for example, competitive and recreational, individual and team activities, high- and low-intensity activities),
 - who participate in nonsport activities (for example, participants in military, industrial, occupational, leisure activities, performing arts).

*When a particular clinical experience may not be met within planned clinical practice, a standardized patient will be implemented to fulfill the requirement(s)

Parameters of Clinical Education Experiences

- Experiences must be supervised and must be educational in nature, reflecting responsibilities and opportunities representative of an athletic trainer
- Students must be instructed on AT clinical skills prior to performing those skills on patients
- Students must have a minimum of one (1) day off in every seven (7)-day period
- Students will not and cannot receive any monetary remuneration during clinical education experiences, excluding scholarships.
- Students will not and cannot replace professional athletic training staff or medical personnel
- Clinical education hours plus academic hours are not to exceed 40 hours/week (see Clinical Hours) unless approved by preceptor and CEC.

Criteria for Progression through Clinical Experiences

All clinical experiences are encompassed within clinical education courses (AT 640, AT 641, AT 642, AT 643, and AT 644), and course grades are partially determined by successful performance during clinical experiences. The ATS must receive a grade of a "C" or higher to progress into the next sequenced clinical experience course. Each clinical experience course syllabus describes the components used to determine the grade, but in general, a student must complete the following requirements:

- Accrue required clinical experience hours
- Submit required course assignments
- Satisfactory clinical performance evaluations from preceptors
- Satisfactory Professional Fitness Evaluation (found within the ATS Clinical Performance Evaluation)
- Submit required clinical evaluations forms
- Complete the psychomotor skills and/or clinical proficiency evaluations required for the respective clinical experience courses

Attendance policy

The hours you spend in the clinical education component of the Program are just as important as those spent in the classroom. While completing clinical education experiences in the PMATP clinical sites, students are expected to follow the policies and procedures established by that particular clinical facility (i.e., dress, assignment schedule, etc.). ATs are expected to arrive on time wearing the designated clinical attire and behave in a professional manner as described by the PMATP Professional Fitness Policy and Professional Appearance Policy. Remember, your clinical experiences give you the opportunity to apply what you have learned in the classroom toward the actual care of patients and athletes, while also developing clinical decision-making skills. Take advantage of every opportunity for learning. Be proactive in your quest for knowledge. Don't be afraid to ask questions. Studying during clinical experiences is discouraged unless permission is granted by your Preceptor; you are encouraged to practice your psychomotor skills and integrate the clinical proficiencies. Attendance in academic courses and clinical education courses is mandatory.

Professional Fitness Policy

Standards within the NATA Code of Ethics, the Board of Certification (BOC) Standards of Professional Practice, and the CAATE Professional Standards are utilized to form the PMATP Professional Fitness Policy. In compliance with the [University of Kentucky College of Health Science Health Care Colleges Code of Student Professional Conduct](#), ATs are required to abide by these standards, and are evaluated on compliance to these standards within the ATS Clinical Performance Evaluation. If a student fails to meet the professional fitness standards, a recommendation for dismissal can be made. Violation of one or more of the standards shall be sufficient grounds for the dean of CHS to initiate a review of the status of the students' continued enrollment in the courses or programs of the college.

Professional Appearance Policy

Athletic Training Students (ATS) are expected to display the type of personal appearance and attire reflective of professionalism and consistent with other health care professions. Clothing should fit appropriately, be clean, pressed or wrinkle free and without holes or frayed areas. Required attire will vary from one clinical education site to another. Clinical education attire policies for each clinical placement site are provided to the student during their on-boarding process. Students should direct all questions regarding clinical attire to their assigned Preceptor.

The following apply for all clinical education experiences:

- Students should practice proper hygiene at all times. Hair should be clean, of natural color, and appropriately groomed.
- Face is shaved or mustache/beards/sideburns, etc., if worn, are to be neatly trimmed, clean, and appropriate for business appearance
- Students should keep their nails clean and of a functional length.
- Students should keep visible tattoos covered.
- Students should keep the use of fragrances (including but not limited to: aftershave, perfumes, lotions) to a minimum.
- Students should remove all body jewelry (tongue, lip, nose, etc.). Ear piercings are permissible but safety should be considered for large, dangly or bangle style earrings.
- Students should wear their University of Kentucky Hospital ID at all times. This is required for all clinical sites, at all times. These should not be removed, under any circumstances.

- Students should wear a wristwatch with capabilities to tell time in seconds.
- Students should wear khaki pants to all clinical education experiences, including practices and games, unless instructed otherwise by individual clinical preceptors. Cargo khaki type pants are prohibited.
- Students may wear shorts, when approved by individual clinical preceptors. Shorts should be mid-thigh length or longer. Cargo khaki type shorts are prohibited.
- Students should wear clothing that covers their midriff and is capable of being tucked in to pants. All tops should cover the shoulders and should not be provocative in nature.
- Students should wear tennis shoes (sneakers) at all times (NIKE shoes for University of Kentucky athletic clinical experiences are strongly encouraged), unless otherwise instructed by their Preceptor. Under no circumstances should a student wear an open-toe shoe or shoe with a heel. This includes when assigned to a physician's office or indoor athletic event where business attire is expected.
- Students should not wear clothing branded for any other academic institution other than the University of Kentucky or affiliated clinical education site that the student is assigned.

**Athletic Training Students failing to meet the Professional Appearance Policy requirements may be placed in a progressive disciplinary process or clinical probation and required to obtain suitable grooming/dress before being allowed to continue the clinical experience.*

III. CLINICAL SITE PLACEMENT

Overview

To provide a well-rounded clinical education experience, we have affiliation agreements with area high schools (both public and private), colleges, outpatient clinics, hospitals, health and wellness centers, and physician offices. Affiliated sites must meet specified standards, and clinical hours can only be accrued at these affiliated sites. All clinical education sites are evaluated by the PMATP on an annual and planned basis. These evaluations are used to identify strengths, weaknesses and areas of improvements at each clinical site as part of our overall comprehensive evaluation plan.

First-Year Fall and Spring Clinical Placements

Students complete six five-week rotations of on-campus and off-campus clinical experiences with Preceptors in a variety of health care settings, working with a variety of patient populations. Specific placements for students is randomized to ensure fair and equal placement. Experiences are designed to address the requirements set for by the CAATE as detailed above within the Clinical Education Overview.

Summer and Fall Immersive Clinical Placements

Students complete two immersive experiences for five weeks in the Summer and eight weeks in the Fall. The immersion experiences are designed to provide students with practice-intensive experiences that allow the student to experience the day-to-day and week-to-week role of an athletic trainer. The credits allocated to the clinical immersive experience courses are in line with full-time participation with the Preceptor on a daily basis.

Second-Year Spring Clinical Placements

Students complete two eight-week rotations and one 16-week (or four 8-week rotations upon student and/or preceptor requests) rotations of on-campus and off-campus clinical experiences with Preceptors in a variety of health care setting, working with a variety of patient populations.

The longer rotations are to allow the student to be mentored by a Preceptor and fully integrated into the daily health care of patients.

All placements following first-year Fall and Spring are determined by the Clinical Education Coordinator (CEC) following consultations with students, Preceptors and the PMATP Director. Students complete a Clinical Placement form within the first-year, which provides information about clinical opportunity preferences, clinical goals, preferred preceptor characteristics, career goals and mentoring opportunities. Although student requests are considered, it is important for students to understand that satisfying student preferences comes secondary to satisfying CAATE accreditation standards. The following additional factors are also taken into consideration:

- Didactic and clinical performance
- Previous clinical experiences
- Personal attributes of the ATS
- Previous disciplinary actions

IV. SUPERVISION AND RELATED POLICIES

The UK CHS PMATP Clinical Supervision Policy is compliant with CAATE Accreditation Standards and the Kentucky Statutes that govern athletic training practice (KRS 311.900 to 311.928)

All clinical education experiences and supplemental clinical experiences must be supervised by an appropriately stated credentialed medical or healthcare professional. Specific to clinical education experiences, a licensed credentialed physician or an athletic trainer certified by the Board of Certification (BOC) who currently possesses the appropriate state athletic training practice credential, serve as a Preceptor.

Direct supervision

All PMATP students are directly supervised during clinical experiences. Direct Supervision is described as: The Preceptor must be physically present and have the ability to intervene on behalf of the patient and the ATS. This requirement, however, is not synonymous with preventing students from making clinical decisions. Students are strongly encouraged to make clinical decisions, commensurate with their progression in the Program, in consultation with the Preceptor or other qualified health care professional.

Increasingly complex and autonomous patient-care experiences

Clinical and supplemental experiences provide a logical progression of increasingly complex and autonomous patient/client-care experiences. The PMATP incorporates a graded method of supervision, which initially involves close monitoring (key words: “hip pocket”), but progresses to supervised autonomy once a student demonstrates skill acquisition. This level of supervision positions students to learn maximally at all times, while still allowing for timely feedback and prompt correction of potentially unsafe behaviors/techniques by their Preceptor. Direct supervision, when properly implemented, should encourage clinical decision-making during actual patient/client care.

As students’ progress throughout the PMATP, it is expected that their patient care evolves with their didactic knowledge. Students will exhibit proficiency during didactic and clinical education

and thereafter will be able to perform tasks during clinical experience. The responsibilities of the student as well as the projected outcomes for each clinical experience are determined and agreed upon before the start of each clinical rotation by the student, the Preceptor, and the CEC.

The Dreyfus Model of Skill Acquisition is used as a framework for determining clinical capabilities for performance across a logical progression of increasingly complex and independent patient-care experiences (See Figure 1). The ladder approach of the model starts with the “Novice level” then moves to “Advanced Beginner” followed by “Competent”. The expectation is that students achieve the level of “Competent” on all required clinical skills and abilities at or before the conclusion of the Program.

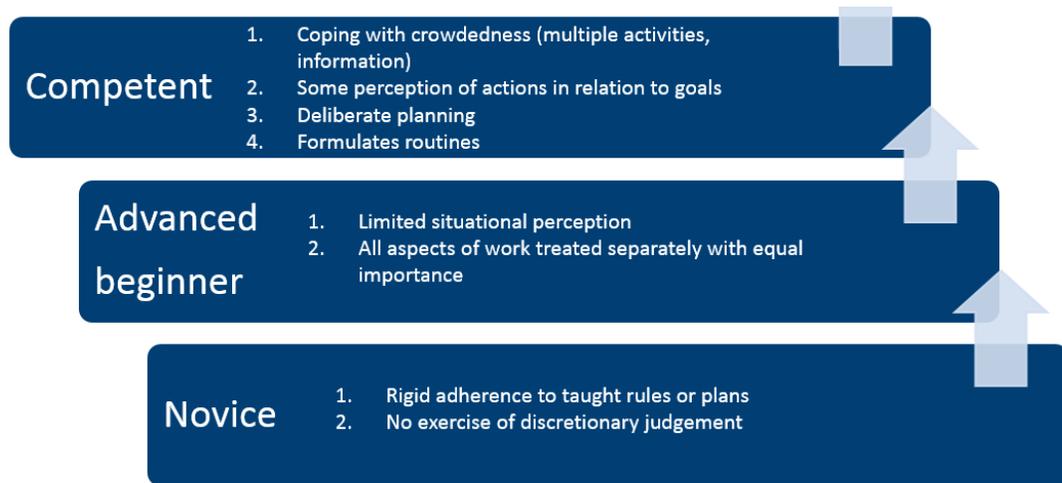


Figure 1. Adapted from <http://stevefitz.com/dreyfus-model-of-skill-acquisition/>

V. CLINICAL HOURS

Clinical Experiences are defined “a course activity in which students, under the supervision of a faculty member, are involved with direct treatment or observation of patients/clients” (UK Senate Rules, Section 10.3). The UK Senate Rules allow 3200 minutes per semester for one credit of clinical experience. Therefore, clinical expectations will vary depending on the number of credits allotted to each clinical experience course (see below). It is expected that students maintain a minimum of 10 hours/week* of clinical experience throughout the semester for an on-going, semester long experience. Depending on the associated course, there is an established maximal number of hours per week, as students are not expected to exceed 40 hours of didactic and clinical education experiences per week, unless approved by Preceptor and CEC.

Courses associated with clinical experience:

- AT 640 Clinical experience in Athletic Training –I: 3 Credits= 160 hours per semester
- AT 641 Clinical experience in Athletic Training –II: 3 Credits= 160 hours per semester
- AT 642 Clinical experience in Athletic Training –III: 4 Credits= 213 hours per semester
- AT 643 Clinical experience in Athletic Training –IV: 7 Credits= 373 hours per semester
- AT 644 Clinical experience in Athletic Training –V: 6 Credits= 320 hours per semester

*Based on a 16-week semester, the necessary hours per week may change based on changes to the University Academic Calendar

Recording and Submitting of Clinical Hours and Patient Interactions

Hours are submitted weekly via eMedley for all students. Recorded times should be correct to the nearest quarter hour. The supervising Preceptor must approve the student's hours weekly and ensure that the descriptions of all activities (i.e., activity, location, number of hours) are recorded accurately.

Students are required to log patient contacts on a weekly basis. Requirements for patient logs are outlined within each course associated with clinical education (AT 640, AT 641, AT 642, AT 643, and AT 644). The supervising Preceptor must approve the student's patient contacts weekly and ensure that the description of all activities are recorded accurately.

All students must have one (1) day off every seven (7) days. There are no exceptions to this rule. The CEC monitors student hours and make adjustments to the student's schedule as needed. The CEC provides reports to the PMATP Director and preceptors each semester. Monitoring will also be utilized to ensure that equal and fair opportunities exist for all ATSs in compliance with the CAATE Standards.

Holidays, University Closures, and Volunteer Hours

Clinical experiences during holidays or times when the University of Kentucky is officially closed are not required. If the ATS chooses to obtain clinical experience during these times, he or she must notify the CEC at least 48 hours in advance of when the experience is to occur. The student must acknowledge that these hours are voluntary and the Preceptor must confirm direct supervision. If the ATS is over the maximal number of hours required for the course, the approved volunteer hours will not count towards the required hours per week.

Other Opportunities

Opportunities to acquire additional clinical experiences may occur. These opportunities are voluntarily chosen by the student and are not a required of the PMATP. To be covered under the student liability insurance, and to remain compliant with the state of Kentucky Athletic Training Practice Act, a credentialed healthcare professional must supervise voluntary clinical experiences.

VI. PRECEPTOR RESPONSIBILITIES AND QUALIFICATIONS

Preceptor Responsibilities

- Supervise students during clinical education experiences;
- Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by CAATE;
- Provide instruction and opportunities for the ATS to develop clinical skills, communication skills, and clinical decision-making during actual patient/client care;
- Provide assessment of ATSs' clinical skills, communication skills and clinical decision-making during actual patient/client care;
- Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training;
- Demonstrate understanding of and compliance with the UK CHS PMATP policies and procedures, and the program framework;
- Participate in regular evaluation on performance pertaining to the quality of instruction and student learning.

Preceptor Qualifications

- Must be a licensed health care professional and be credentialed by the state in which they practice. Preceptors who are athletic trainers must be state credentialed (in states with regulation), certified, and in good standing with the Board of Certification;
- Not be currently enrolled in the UK CHS PMATP.
- Must be an athletic trainer or physician.
- Fulfill the definition of contemporary expertise (see glossary);
- Receive planned and ongoing Preceptor education from the PMATP to promote professional development specific to athletic training education and enhance a constructive learning environment.

Additional Requirements

- There must be regular communication between the PMATP and the preceptor;
- The number of students assigned to a preceptor in each clinical setting must be of a ratio that is sufficient to ensure effective clinical learning and safe patient care;
- Students must be directly supervised by a preceptor during the delivery of athletic training services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.

VII. ATS's ROLE IN CLINICAL EDUCATION

The student is responsible for being pro-active in all clinical education experiences, as well as the didactic component of the program. Clinical experiences provide vast opportunities for learning. Students must not expect the Preceptor to make these opportunities happen. Although these Preceptors are, in part, responsible for facilitating the clinical education experience, it is the student's responsibility to be organized and set specific goals and objectives for that experience. Setting clear objectives for each experience and sharing those objectives with the assigned Preceptor is required during on-boarding.

Discrepancies involving Preceptors and/or the Clinical Experience

The student has the responsibility to present all concerns, issues, etc., directly related to the assigned preceptor and associated clinical experiences, first to the Preceptor. The PMATP faculty members are first and foremost student advocates. However, the PMATP believes students and those involved should work to resolve issues prior to Program involvement in order to prepare students for the development of productive professional relationships. If the issues are not adequately resolved and the student concerns remain, then the student is to report the concern/issue to the CEC or PMATP Director. At this time the issues remain the PMATP Grievance Policy will be followed (see Appendix B in UK PMATP Policy and Procedures Manual).

VIII. INSTRUCTION AND EVALUATION OF STUDENT KNOWLEDGE, CLINICAL SKILLS, AND ABILITIES

A student is allowed and encouraged to apply skills and techniques on patients during supervised clinical experiences ONLY after he or she has been instructed on them in the classroom or during the clinical experience. Most skills are formally evaluated prior to patient application. Skills necessary to become an AT are instructed within the PMATP curriculum as outlined within each PMATP Course syllabi and the CAATE Standards Matrix. Each course instructor teaches, demonstrates, and supervises practice of the clinical skills associated with the course. Skills are evaluated by peers, Preceptors, and/or course instructors. Skills are further evaluated as the ATS integrates skills (appropriate for level of training) within the clinical experience and/or through encounters with a standardized patient.

Students should demonstrate continual advancement of skills and abilities as they progress through the PMATP and with each clinical experience. These advancements should be reflected in the objectives of subsequent clinical experiences as well as the ATS Performance Evaluation completed by the Preceptor for each clinical experience. It is expected that preceptors are continually reviewing and assessing previously learned skills and abilities and encouraging the integration of old and new skills during clinical experiences.

Clinical Skill Assessment Plan

Skill Evaluations

Psychomotor skill evaluations (aka: skill checks) occur in each course in which they are instructed. The course instructor formally teaches, demonstrates, and supervises the practice of each psychomotor skills. The skill evaluations first occur through peer evaluation, followed by a one-on-one evaluation with a Preceptor or AT Faculty. Skill evaluations are at the discretion of the Preceptor/AT Faculty evaluator. Evaluations may consist of all skills that are assigned, or a random selection of skills. For example, an assigned set of skills for a knee evaluation may include every palpation, range of motion, manual muscle test, and special test, OR randomly chosen skills of a knee evaluation may be evaluated in which the evaluator feels comfortable that the ATS has competence with all random skills chosen. The ATS then has the opportunity to review and integrate clinical skills in the clinical setting under the supervision of a Preceptor. The evaluation system was designed to ensure consistency in instruction and evaluation among the evaluators within the PMATP.

Course Practical Examinations

Skills are first instructed in the course/lab, followed by a period of supervised practice, peer evaluation, and skill evaluation by a Preceptor/AT Faculty. Skills are then evaluated in a more comprehensive manner within course practical examinations (mid-term and final) in the course where the skills are assigned. Every student must demonstrate a minimal level of performance in the evaluations. Scores lower than seventy percent (70%) on any of the assessed skills will result in the student repeating the procedure until above 70% performance is demonstrated. The initial grade remains in the student's academic record for grading purposes.

Skill Integration in a Clinical Scenario

Once a skill has been evaluated by a Preceptor/AT Faculty and within a course practical, the skills are then be assessed within a holistic/clinician-decision based situation. This occurs within each Clinical Integration Course (AT 631, AT 632, AT 633, AT 634, and AT 635). Skills evaluated within Integrated Practical Scenarios are randomly selected from current and previous courses. In other words, all skills previously taught, practiced, and assessed may be included in the Integrated Practical Scenarios. Scores lower than seventy percent (70%) on the Integrated Practical Scenario will result in the student repeating the scenario until above 70% performance is demonstrated. The initial grade remains in the student's academic record for grading purposes.

Skill Integration in Patient Care Evaluations

Patient care evaluations consists of clinical proficiency integration into the clinical setting through application of skill with actual patients under the supervision of a Preceptor. All Preceptors who are assigned students must provide opportunities for students to integrate skills and clinical proficiencies into patient care. The assigned supervising Preceptor monitors the

ATS's integration of clinical proficiencies and takes this into consideration when evaluating the ATS. Upon completion of the clinical experience, the PMATP CEC reviews all evaluation materials, which are stored in the student's profile within E-Medley.

Skill Integration within a Standardized Patient

Sometimes ATS are not always able to complete all of the real-time patient encounters needed to incorporate clinical integration of knowledge, skills, and clinical decision making to prepare for practice as an AT. One way to provide a realistic patient encounter is the use of a standardized patient (SP). A SP is an individual who has been carefully trained to portray the pathology of an actual patient. The SP encounter provides a lifelike experience for students to synthesize both interpersonal and clinical skills, which may help students diagnose and treat patients with conditions, illnesses, or injuries in real time. SPs may be incorporated into specific courses (as outlined within course syllabi) to evaluate a particular set of skills that an ATS may not encounter within the clinical education experiences.

IX. CLINICAL PERFORMANCE EVALUATION

Each of the five Clinical Education Courses has a series of evaluations that are required for each clinical education rotation. The evaluations are the following: Student Performance Evaluation, Preceptor Performance Evaluation, Student Clinical Site Evaluation, and Student Clinical Rotation Evaluation.

ATS Clinical Performance Evaluation

The ATS is evaluated by a Preceptor at the end of each clinical education experience (rotation). The Preceptor completes the student evaluation in eMedely within the last week of the ATS's experience. Longer rotations (>10 weeks) have a mid-rotation and end of rotation evaluation. The ATS is responsible for scheduling a meeting with the Preceptor to discuss the evaluations once all Preceptor and Student evaluations are complete. This should occur BEFORE the student leaves the rotation.

Within the Student Performance Evaluation, there is a sub section that evaluates the "Professional Fitness" of the ATS. The purpose of this evaluation is to protect the public and the integrity of the Athletic Training Profession, by ensuring that each ATS is acting in a professional manor (abiding by the NATA Code of Ethics, the Board of Certification (BOC) Standards of Professional Practice, and the CAATE Professional Standards). Violations of these guidelines will result in disciplinary action as indicated in the Professional Fitness Policy.

Once completed and reviewed by the ATS and Preceptor, the ATS Clinical Performance Evaluations are reviewed by the CEC and PD, if needed.

Preceptor Performance Evaluation

Preceptors are evaluated by the assigned ATS(s) during each clinical rotation. The evaluations are available on EMedley during the last week of the clinical rotation. Once the student and Preceptor have completed assigned evaluations, they review the evaluation together BEFORE the student leaves the clinical rotation. Once completed and reviewed by the ATS and Preceptor, the Preceptor Performance Evaluations are reviewed by the CEC and PD, if needed.

Student Clinical Site Evaluation

ATSS are required to complete an online evaluation of the clinical site during the last week of each clinical rotation. The clinical site evaluation assesses the site environment, patient encounters, site procedures, and supervision. Once completed by the ATS, the Student Clinical Site Evaluations are reviewed by the CEC and PD, if needed. The Preceptor(s) at the site will receive a comprehensive site review annually.

Student Clinical Rotation Evaluation

Within the last two weeks of a clinical rotation, the ATS(s) complete an evaluation of the clinical rotation. The purpose of this evaluation is to assess the areas of strength and areas of improvement, and memorable experiences during the rotation. Once completed by the ATS, the Student Clinical Rotation Evaluations are reviewed by the CEC and PD, if needed. The Preceptor(s) at the site will receive a comprehensive site review annually.

GLOSSARY

Athletic trainer: 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. An athletic trainer is state credentialed (in states with regulation), certified, and in good standing with the Board of Certification.

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.

Clinical Education Coordinator: is a core faculty member whose primary appointment is to the athletic training program and who has responsibility to direct clinical education. Specifically this individual is responsible for:

- Oversight of student clinical progression
- Student assignment to athletic training clinical experiences and supplemental clinical experiences
- Clinical site evaluation
- Student evaluation
- Regular communication with preceptors
- Professional development of preceptors
- Preceptor selection and evaluation

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.

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.

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

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.

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.

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.