

Clinical Instruction Plan

- I. UTC-ATEP Definitions**
- IV. Evaluation of PM skills & CPs**
- II. Initial Clinical Rotation**
- V. Clinical Personnel Responsibilities**

- III. Instruction of PM skills & CPs**
- VI. Clinical Experiences & Rotations**
- VII. UTC-ATEP Supervision Policy**

I. UTC-ATEP Definitions

Clinical Instructor Educator (CIE)- Representative of the UTC-ATEP who attended a NATA-CIE seminar or equivalent training and is subsequently recognized and authorized by the institution to conduct an ACI workshop. The CIE will supervise the development, implementation, and evaluation of the clinical education program. This includes coordinating clinical experiences in accordance with the clinical education objectives of the ATEP.

Approved Clinical Instructor (ACI) -A health professional with one year of experience in their respective field who has attended an ACI Seminar given by the CIE representative from the UTC-ATEP. The ACI must be familiar with the ATEP curriculum and have a high level of understanding of the evaluation guidelines. ACIs will provide instruction and supervision of the ATs. An ACI shall perform psychomotor competency and/or clinical proficiency instruction and evaluation throughout the educational experience. The ACI shall also be involved with the learning-over-time continuum during the clinical experience.

Clinical Instructor (CI) -An ATC or other qualified health care professional with a minimum of one-year work experience in their respective academic or clinical area. CIs teach, evaluate, and supervise the ATS during clinical experiences. A CI is not charged with the formal evaluation of ATS's final integration of clinical proficiencies.

Affiliate Site - The actual location where clinical experience rotations occur, including but not limited to: high schools, colleges, industrial sites, wellness centers, outreach programs, physician offices, and UTC athletics.

Athletic Training Education Program (ATEP) -An athletic training program that holds current CAATE accreditation, that prepares athletic training students to become competent entry-level athletic training professionals and to qualify and successfully pass the BOC certification exam.

Athletic Training Student (ATS) - An entry-level ATEP student that is not an ATC or eligible to take the BOC exam. An ATS will not provide care to patients unless it is under the direct supervision of an ACI or CI, and will not be used as a replacement for professional clinical staff.

Clinical Experience - Clinical Education provided for the application of athletic training skills and proficiencies into the clinical setting.

II. Qualifications: Initial Clinical Rotation

No student may begin the clinical education component of the program without formal admission into the ATEP and without completion of the clinical health and liability requirements.

The initial clinical rotation placement of the ATS will be made at the discretion of the Coordinator of Clinical Placement with respect to:

1. Past didactic preparation and performance (including prerequisite courses)
2. Past clinical experience and observation experiences
3. Current certifications (e.g., CPR, EMT, ACSM-HFI, CSCS)
4. Maturity and professionalism of the applicant expressed in his/her letters of recommendation and determined during interview
5. Professional goals of the applicant
6. Professional and personal references
7. Personal attributes
8. Performance in HHP 500 & HHP 537 (SUM AMIII)

Each ATS must have successfully completed HHP 500 - Athletic Training Techniques and HHP 537- Foundational Concepts in the Management of Musculoskeletal Dysfunction, with a grade of "C" or better, before the start of their first clinical education rotation and associated practicum course (HHP 553). In addition, the ATS must also hold current first aid and CPR certification before starting in HHP 553. This will ensure that the ATS has obtained a basic skill level necessary to begin clinical education.

Each ATS is assigned to an ACI/CI, not to facilities or to sports. Evaluations of the ATS and the ACI occur mid-semester and upon completion of each semester. Eligible students progress through various clinical rotations as explained in section VI of this document entitled: Clinical Rotation.

III. Instruction of Psychomotor Competencies and Clinical Proficiencies

Psychomotor Skills are first introduced and instructed in the curriculum (class/lab). The NATA Competency and Clinical Proficiency Matrix and ATEP Course Syllabi outline the specific skill breakdown per course. The UTC-ATEP course instructor formally teaches, demonstrates, supervises skill practice, and evaluates ATS skill competency (evaluation assisted by on-campus ACIs) for grade assignments. The ATS then has the opportunity to review and integrate clinical proficiencies (CP) in the clinical setting under the supervision of an ACI or CI. Formal CP evaluation can be completed only by an ACI.

Students should demonstrate continual advancement in the application of CPs as they progress through the clinical experiences and associated practicum courses (HHP 553, 563, 573, & 583). As the ATS progresses through the clinical education component of the ATEP, his/her ACI/CI should be physically present at all times allowing the student to appropriately apply didactically acquired skills into the clinical environment in "real-life" and simulated situations. The ACI/CI must be able to intervene on behalf of the athlete and be physically present on-site. ACI/CIs are expected to continually review and assess previously learned psychomotor skills and proficiencies and encourage application of newly acquired skills during the clinical education rotations. Again, the formal evaluation is conducted by the ACI. A complete description of the clinical proficiency evaluation process can be found in Section IV: Evaluation of Psychomotor Competencies and Clinical Proficiencies.

IV. Evaluation of Psychomotor Competencies and Clinical Proficiencies

This section describes the ATEP procedures for psychomotor skill and clinical proficiency evaluation. The evaluation plan was created to ensure consistency in instruction and evaluation among the evaluators within the program.

The ATS has an individual portfolio containing completed psychomotor skill and clinical proficiency evaluation records along with other materials. The folders are controlled and maintained by the ATEP Director. Copies of skill evaluation materials are provided to the ATS or to the ACI ahead of time, depending on the type/level of evaluation. Practical Examinations forms (psychomotor skills) are provided to the ATS by the course instructor and are also available for the student online in the Blackboard course. Clinical Proficiency Evaluations (Full Practical Evals and Clinical Scenario Simulations) are assessable only to the ACIs. Students are not permitted to see these evaluations ahead of time.

There are two primary methods by which the skill evaluations are performed. The first method is "Controlled" Psychomotor Skill Evaluations (Practical Exams) and the second method is "Clinical Setting" Clinical Proficiency Evaluations (Full Evaluations, Scenario/Simulations, and Patient Evaluations). A universal set of guidelines/forms for skill evaluation is utilized in both methods of evaluations. Each method is described below in detail.

Controlled Evaluations: Psychomotor Skill Evaluation

Psychomotor skills are assigned to specific didactic courses/labs according to content area (as indicated on the 4th Edition NATA Competency Matrix) and are organized into Practical Examinations (as indicated on ATEP Course Syllabi). Skills are instructed in the course/lab. Following a period of supervised practice and peer evaluation, the ATS schedules a Practical Examination appointment with a UTC-ACI within two weeks of skill instruction. Only ACIs who are members of the UTC-ATEP faculty and staff (the "Evaluation Team"), rather than all ACIs, conduct the Controlled Evaluations. These evaluations must occur OUTSIDE of clinical experience hours and in a one-on-one format with the scheduled evaluator. Each member of the evaluation team is an ACI (who is an ATC), but may not necessarily be involved with the supervision of athletic training students during clinical experiences. Each member of the evaluation team is required to post at least three-hours per week of skill evaluation times outside of their office at least one week in advance. Students sign-up on these schedules and must complete an equal number of evaluations with each member of the evaluation team.

Every student must demonstrate a minimal level of performance in the evaluations. Scores lower than seventy percent (70%) on any of the evaluations 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. The ATEP Director maintains all controlled evaluation performance records and at the end of each semester, the records are placed in the student's clinical portfolio. **NO SKILLS CAN BE APPLIED TO REAL PATIENTS UNTIL THE STUDENT HAS DEMONSTRATED THE MINIMAL LEVEL OF COMPETENCY. ALL SKILL APPLICATION ON PATIENTS MUST OCCUR UNDER THE SUPERVISION OF AN ACI/CI.**

The guidelines and descriptions of the PM skill evaluations are universally accepted by the Evaluation Team. These documents are revised and distributed annually. In addition, specific techniques and details are thoroughly discussed during designated meeting times throughout the semester. The detail and high level of communication (bi-monthly staff meetings and email communications as needed) among the evaluators ensures the consistency of instruction and evaluation.

Objectivity is maintained by utilizing evaluation tools with descriptive grading criteria. Each skill is broken down into essential tasks of the original skill. The evaluation tools are revised and reviewed as needed.

Clinical Setting Evaluations: Clinical Proficiency Evaluations

Full Evaluations

Full evaluations are comprehensive orthopedic evaluations with clinical decision-making components. These evaluations occur in the semester following the completion of the respective skills and are conducted in a one-on-one format with a member of the UTC Evaluation Team. These evaluations function as a transition from detailed individual skill evaluation to more “holistic” skill evaluation.

Scenario/Simulation Evaluations

Scenario/Simulation Evaluations are clinical-decision based evaluations using a trained-model that will provide feedback to the ATS based on specific questions asked. These evaluations are performed in the last semester of the program and are conducted in a one-on-one format with the ATEP Director, Coordinator of Clinical Placement, ATEP Faculty Member, or Head Athletic Trainer (all of whom are ACIs). The purpose of these evaluations is to provide an additional opportunity to confirm student proficiency and to ensure integration of clinical proficiency in “real-life” situations.

Patient Evaluations

Patient Evaluations consists of clinical proficiency integration into the clinical setting through application of skill with actual patients under the supervision of an ACI or CI. Only ACIs can sign-off on these evaluation; CIs are allowed and encouraged to provide feedback to the student on skill performance.

All ACIs who are assigned a student(s) must complete designated clinical proficiency and performance evaluations. An ACI will supervise one, but no more than eight (8) ATSs in the clinical setting. The assigned supervising ACI monitors the ATS's completion of the designated clinical proficiencies. Upon completion of the clinical experience, the ATEP Director and Coordinator of Clinical Placement reviews all evaluation materials, which are then placed in the student clinical folder (for clinical performance evaluations) or portfolio (for skill evaluations).

Evaluation documents are distributed each rotation to the ACI and the ATS. The first document is the Clinical Proficiency Matrix (with designated CPs for completion) and the second is the clinical rotation performance evaluation package. As CPs are integrated into the clinical setting, the ACI evaluates the student's performance and updates the CP Matrix appropriately. Each ATS must complete all of the clinical evaluations before moving on to the next rotation.

The clinical rotation performance evaluation package contains evaluation forms on the ACI, the ATS (Performance and Professional Fitness Evaluation) and, the Clinical Site/Experience. These forms are completed at the end of each clinical rotation (the Professional Fitness Form is completed at mid-term and end of the semester) by the ACI or the ATS. These forms utilize Likert-type evaluation scales for specific areas of professional and clinical competence.

V. Clinical Personnel Responsibilities

ACI Responsibilities

The ACI must be an ATC or other qualified health care professional with current credentialing and licensure within his or her respective discipline. A minimum of one-year experience in the respective discipline is also required. The ACI is responsible for assisting in the instruction and evaluation of clinical proficiencies and refinement of psychomotor skills. ACI personnel will include members of the UTC-ATEP faculty and Athletic Training Staff, and other certified athletic trainers who have at least one year of professional experience. All eligible candidates must complete a UTC-ATEP ACI Workshop, complete an ACI Review Workshop every three (3) years, and support the Policies and Procedures of the ATEP. The ACI must be familiar with the curriculum and have a high level of understanding of the evaluation guidelines. The ACI will provide

instruction and supervision of the ATS. The ACI shall perform psychomotor and/or clinical proficiency instruction and evaluation, as well as professional performance evaluation throughout the educational experience. The ACI shall also be involved with the learning-over-time continuum during the clinical experience. The ACI understands that the student's role is not to provide cheap labor, meaning that the ATS should never be utilized as a replacement for staff or faculty or as a first-responder. The ACI will maintain contact with the ATEP through meetings (phone or in-person) and e-mail correspondence, to facilitate communication of the student's progress.

CI Responsibilities

The CI must be an ATC or other qualified health care professional with current credentialing and licensure within his or her respective discipline. A minimum of one-year experience in the respective discipline is also required. CIs are responsible for the instruction, evaluation, and supervision of athletic training students in the clinical setting. A CI is not charged with the formal evaluation of clinical proficiencies. The CI must support the Policies and Procedures of the ATEP and understand that the student's role is not to provide cheap labor, meaning that the ATS should never be utilized as a replacement for staff or faculty or as a first-responder. The CI will maintain contact with the ATEP through meetings (phone or in-person) and e-mail correspondence, to facilitate communication of the student's progress.

ATS Responsibilities

The student is responsible for being pro-active in the clinical education as well as the didactic component of the program. Students are often very organized in the class room setting, with dates and objectives clearly established. However, once in the clinical settings, students tend to become passive and wait for the learning to come to them, thereby not optimizing the experience. Clinical experiences provide vast opportunities for learning. Students must not expect the ACI or CI to make these opportunities happen. Although these supervisors are, in part, responsible for your clinical education, it is your responsibility to be organized and set specific objectives outlining what you want to accomplish in that experience. The ACI/CI has many other responsibilities in addition to student education; therefore assurance of student learning cannot realistically be expected to be a constant top priority. To facilitate this process, in each of the four (4) practicum courses, the student will provide the practicum instructor with a list of semester objectives (including short-term goals) for that semester. These goals will be reviewed by the instructor and monitored for progress/completion two-times through out the semester. These objectives should be shared with the assigned ACI or CI at the onset of the clinical rotation to provide the supervisor with direction with respect to the specific challenges you need.

VI. Clinical Experiences & Rotations

AT LEAST 75% OF ALL CLINICAL EDUCATION EXPERIENCES WILL OCCUR UNDER THE DIRECT SUPERVISION OF AN ACI OR CI WHO IS AN ATC.

Affiliated Clinical Sites

To be able to provide a well-rounded clinical education experience, we have developed affiliation agreements with area high schools, colleges, clinics, hospitals and physicians. Affiliated sites must meet certain standards and clinical hours can only be accrued at these affiliated sites; as this ensures that you have liability insurance coverage by UTC as well as a commitment by the Program to provide a beneficial educational experience. The Coordinator of Clinical Placement will assign students to ACIs and CIs at the various clinical affiliate sites. A list of Affiliated Clinical Sites is available from the Program Director. Travel and travel expenses to and from each clinical site are the responsibility of the student and will be dependent upon the distance from the site, current gasoline prices and the frequency of trips to and from these sites.

First Year

Students will complete three-week rotations in on and off-campus experiences. These experiences will include exposure to a variety settings and populations including genders, varying levels of risk (e.g., football), protective equipment, and general medical experiences that address the continuum of care required to prepare a student to function in a variety of employment settings. These experiences are also designed to address the domains of practice delineated for an entry-level athletic trainer.

Second Year

Students will complete three, 8-week rotations and one 16-week rotation. Students will select their rotation based on a combination of their preference as well an interview with the ACI. The 16-week rotation is designed to allow the ATS to spend an entire season with a particular ACI to become fully involved with the daily care of the athletes and their medical care. The remaining rotations will be selected from either high school, college/university, rehabilitation, or physician observation.

General Medical Experiences

Each student completes no less than one three-week rotation at the UTC Student Health Center and one three-week rotation at the UT Family Practice Clinic during the first year. Second year students will complete approximately twenty hours (20) of observation in various general medical practice settings.

Hour Requirement

Each ATS will complete no less than 150 hours in their first semester (minimum 45 hours/3 week rotation, maximum 25 hours/week) and 200 hours in the second through fourth semesters (minimum 60 hours/3 week, maximum 30 hours/week). Hours will be submitted by rotation for first year students and monthly for second year students. Time sheets will be located in each of the athletic training facilities and on the ATEP website. The ATS should sign in when arriving and sign out at the completion of each day. Recorded times should be correct to the nearest quarter hour. The supervising ACI or CI must initial the student's time sheet weekly (daily with rotating ACIs) and ensure that the description of activities (i.e, sport, general medical) are recorded accurately. The UTC-ATEP faculty will monitor student hours and make adjustments when appropriate. The Coordinator of Clinical Placement will import student hours into a database and provide reports to the ATEP Director each semester. Monitoring will also be utilized to ensure that equal and fair opportunities exist for the ATS.

Additional Clinical Experience Opportunities

There will be options available for interested students to gain experience in physician extender or sports medicine rehabilitation settings. Other sites may be incorporated as they are available and proven to be educationally stimulating. Formal evaluations of the students' progress and performance will be performed mid-and end of the semester by the assigned ACI.

Criteria for ATS Progression Through Clinical Experiences

The clinical education component of the ATEP is associated with academic credit in the four practicum courses: HHP 553, 563, 573, and 583. The ATS must receive a grade of "C" or higher to progress into the next practicum and/or clinical experience. Each syllabus will describe the components used to determine the grade, but in general, a student must complete all of the required clinical experience hours and coursework, receive satisfactory performance evaluations from the ACI and CI, and complete the clinical proficiency evaluations required for the respective course to progress to the next practicum course.

Athletic training students will also be evaluated on personal and professional competency through the Professional Fitness Evaluation at mid-semester and the conclusion of each semester. The Professional Fitness Policy is a component of the UTC ATEP Policies and Procedures.

Methods for Determining Athletic Training Students Clinical Rotation

Each ATS will meet with the Coordinator of Clinical Placement for his or her clinical assignments. Assignments will be determined using the following considerations

1. Past didactic preparation and performance in the ATEP
2. Past clinical experiences in the ATEP (ensuring to fulfill all necessary requirements relating to the four clinical areas)
3. Past performance evaluations in the ATEP
4. Current certifications
5. Maturity and professionalism displayed during clinical experiences in the ATEP
6. Professional goals of the ATS
7. Personal attributes of the ATS
8. Past disciplinary actions

VII. UTC-ATEP Supervision Policy

The UTC-ATEP Clinical Supervision Policy is compliant with CAATE accreditation standards and the Tennessee Athletic Training Practice Act.

Direct Supervision (physically present) describes the supervision required of Athletic Training Students during clinical experiences. The ACI/CI must be physically present and have the ability to intervene on behalf of the patient and the Athletic Training Student. This requirement, however, is not synonymous with preventing students from making independent clinical decisions or requiring the clinical instructor to stand next to the student at all times.

The ATEP incorporates CAATE's recommendation for utilizing the graded supervision method which initially involves close monitoring (Key words: hip pocket), but once a student demonstrates proficiency and has some experience with a particular skill, that student should be granted supervised autonomy (i.e. permitted to initiate actions, perform initial evaluations, and develop and implement rehabilitation plans with the clinical instructor in the same room/field where he/she can see and hear the student, but not necessarily looking over the student's shoulder). This level of supervision positions students to learn maximally at all times while still allowing for timely feedback and prompt correction of improper behaviors/techniques. Direct Supervision still encourages independent actions, positioning students to develop "real world" critical thinking abilities, and does not infer that all student actions should be prompted or directed.

TRAVEL POLICY

Students will have the opportunity to accompany an ACI/CI to away competitions as space and budgetary constraints allow. Athletic Training Students are not allowed to travel without a supervising ACI/CI and will never be used to replace an ATC in this respect. When traveling you must follow all the rules and regulations that apply to the athletes from that institution. The UTC Code of Student Conduct is in affect at any time you are in class, accruing clinical hours or representing UTC.

FIRST RESPONDER POLICY

The ATEP faculty does not support unsupervised clinical education experiences for students and believe that using students in this capacity exposes those involved to liability risk, conflicts with the mission of the program

and violates CAATE Standards. For this reason, students are only assigned to supervised clinical experiences and therefore cannot be used as First Responders during ATEP-related clinical experiences.

In the case where a student would be left unsupervised (e.g., ACI/CI leaves to take a phone call or use the restroom), the student is instructed to leave the clinical experience site. Unsupervised experiences cannot be mandated of any student. If the ATS voluntarily chooses not to leave the site, the student is required to function only as a CPR/First Aid trained individual would function and must not be referred to as an “Athletic Training Student”. In these situations, students are allowed to apply only those skills deemed appropriate by the CPR/First Aid certifying agency (First Aid/CPR Agreement). At no time should the student utilize athletic training skills related to: evaluation to determine participation status, therapeutic modality and/or exercise application, or taping and wrapping skills (unless involved in emergency wound care situations). This unsupervised time period is not considered in the accumulation of clinical experience hours.

Students are not permitted to volunteer for clinical activities (e.g., sport camps or internships) that are outside the requirements of the ATEP, unless the ATEP can document that the students are protected under the University's liability insurance in these roles and that this practice is within the Tennessee AT practice act.