

THE UNIVERSITY of TENNESSEE 
CHATTANOOGA

GRADUATE ATHLETIC TRAINING EDUCATION PROGRAM (GATEP)

Clinical Instruction Plan

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[Full Clinical Instruction Plan \(.pdf version\)](#)

Note: Terms and Definitions utilized in CAATE Accredited ATEPs are provided in Section VIII of this document.

I. CLINICAL INSTRUCTION AND CLINICAL EXPERIENCES

Clinical experiences are concurrent with Athletic Training Practicum Courses (HHP 5525, 5625, 5725, 5825, and 5925). Experiences will occur during summer, fall, and spring semesters. Each athletic training student (ATS) will be assigned to an Approved Clinical Instructor (ACI)/Clinical Instructor (CI). This will allow guidance of an ACI/CI who will be physically present on-site. To emphasize, the ATS is assigned to an ACI/CI, not a facility or a sport. Clinical experiences will vary semester to semester in accordance to the progression within the curriculum. The ATS has the responsibility for travel to assigned clinical sites both on and off campus. A reliable mode of transportation is required, as stated in the UTC-GATEP Policy Manual.

Placement is not based on gender, race, or years of experience. As prescribed in the CAATE Accreditation Standards, each ATS will have the opportunity to obtain clinical education experiences in athletic medicine in the following areas:: upper extremity, lower extremity, general medical and equipment intensive situations, and will obtain at least 25% of their clinical experience in a setting that is considered high risk. **AT LEAST 75% OF ALL CLINICAL EDUCATION EXPERIENCES WILL OCCUR UNDER THE DIRECT SUPERVISION OF AN ACI OR CI WHO IS A CERTIFIED ATHLETIC TRAINER (ATC).**

A. Affiliated Clinical Sites

To provide a well-rounded clinical education experience, we have affiliation agreements with area high schools, colleges, clinics, hospitals and physician offices. Affiliated sites must meet specified standards, and clinical hours can only be accrued at these affiliated sites. These policies and standards ensure that students have liability insurance coverage through UTC and are provided with a quality educational experience. The Clinical

Coordinator assigns students to ACIs and CIs at the various clinical affiliate sites. 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. The Affiliated Clinical Site List, as well as a map and directions for each site is available from the Program Director and can be located on the program website.

B. Summer I Clinical Experience

Initial clinical experience is affiliated with the HHP 5525 – Athletic Training Summer Practicum course. All students will be assigned to the ACIs and CIs for UTC football. The ATS must hold current CPR certification (Healthcare Provider/Professional Rescuer with AED) and have successfully completed all of the assigned skill evaluations prior to beginning this clinical experience. This will ensure that the ATS has obtained a basic skill level necessary to begin clinical education.

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

C. First-Year Clinical Placements

Students complete ten, three-week rotations of on-campus and off-campus experiences with ACIs and CIs. These experiences include exposure to a variety settings and populations, both genders, varying levels of injury risk (e.g., football), and different types of protective equipment, as well as general medical experiences that address the continuum of care which will prepare a student to function in a variety of practice settings. These experiences are also designed to address the domains of practice delineated for an entry-level athletic trainer. Specific rotation placement for students is randomized to ensure fair and equal opportunity for all students. Each student is randomly assigned a number which corresponds to specific clinical placement on the table below. Students are assigned to the ACI or CI affiliated with the listed clinical assignments in the table.

Example First-Year Clinical Placement Table

ACI/CI	Clinical Placement	First Year Clinical Rotations: Fall 2009									
		8/17-9/6	9/7-9/27	9/28-10/18	10/19-11/8	11/9-11/29	1/6-1/24	1/25-2/14	2/15-3/7	3/8-3/29	3/30-4/20
Fullard & Degon	UTC Football	1,2	6,7	11,12	1,3	2,4				9,15	13,14
Fullard & Degon	UTC Football	3,4	8,9	13,14	5,6	9,7				11,12	5,16
Fullard & Degon	UTC Football	5,11	10,16	15,16	8,10					1,8	3,10
Tanner	UTC Volleyball	6,13	12	2	9						
Fox	UTC Soccer	14,16	13,15	1,10	2,4						
Worthington	Family Practice Clinic	*	1,2	3,4	7	5,6	8,9	10	15,16	13,14	11,12
Leffler	UTC Women's Basketball				16	14	1,7	5,13	4		
McDonald	UTC Men's Basketball				12	15	2,6	11,9	3,8		
Booi	UTC Wrestling				13	12	3,10	15	1,2		
Gundrum	UTC Softball						4	14,16	5,7	6	8
Davis & Moss	Baylor School	15	11	9	14	1	5	6	10	2	4
Williams	Girl's Preparatory School	9	5	8	15	11		4	6	3	7
Murray	Boyd Buchanan School	10	4	7		3	11	8	14	5	9
Perkins	Chattanooga State	8	3	6	11	13	12	1	9	7	2
Myer	LFO	7				8	13	2	12	4	15
DeMarco	McCallie School	12	14	5		10	15	12	11	16	1
Malloy	CCS					16	14	7	13	10	6
Carpenter	Ringgold						16	3			

D. Second-Year Clinical Placements

Students will complete two 8-week rotations and one 16-week rotation (students may complete four 8-week rotations upon their request). 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 athletes. The remaining rotations are selected from high school, college/university, rehabilitation, or physician interaction opportunities.

Placements are determined by the Clinical Coordinator following consultations with students, ACIs and the Program Director. Students complete a Clinical Placement form, which provides information about clinical opportunity preferences, clinical goals, preferred ACI characteristics, employment goals and mentoring opportunities. *Although student requests are considered, it is important for students to understand that meeting student preferences comes secondary to meeting CAATE accreditation standards with respect to clinical experiences.* The following additional factors are also taken into consideration:

- Past didactic and clinical performance in the GATEP
- Past clinical experiences in the ATEP
- Current certifications
- Personal attributes of the ATS
- Past disciplinary actions

Example Second-Year Clinical Placement Table

	Fall 2009		Spring 2010	
ATS 1	(Bullard & Degon) FB		(MDs) Ortho	(DeMarco) McCallie
ATS 2	(Davis & Moss) Baylor	(Booi) WR		(Murray) Boyd
ATS 3	(Bullard & Degon) FB		(Davis & Moss) Baylor	(Malloy) CCS
ATS 4	(Murray) Boyd	(McDonald) MBKB		(Atwood) Covenant
ATS 5	(Fox) SC		(Atwood) Covenant	(Myer) LFO
ATS 6	(Myer) LFO	(MD) Ortho	(Gundrum) SB	
ATS 7	(Carpenter) Ringgold	(Leffler) WBKB	(DeMarco) McCallie	(Perkins) Chatt State
ATS 8	(MDs) Ortho	(Perkins) Chatt State	(Bullard & Degon) sFB	
ATS 9	(Tanner) VB		(Myer) LFO	(Williams) GPS
ATS 10	(Bullard & Degon) FB		(Leffler) WBKB	(Davis & Moss) Baylor

E. General Medical Experiences

Each first year student completes a three-week rotation (approximately 45 hours) at the University of Tennessee, College of Medicine-Chattanooga Family Practice (UTCOMC-FP) facility. Students will accumulate a minimum of 12 hours at Erlanger Health System Trauma-1 Emergency Room. Second-year students complete 10-15 hours at the University Health Services. Students are also invited to attend the educational seminars within the UTC-COMC system.

F. Additional Clinical Experience Opportunities

There are opportunities for interested students to gain experience in numerous sports medicine clinics, physician offices, and rehabilitation clinics. Other sites may be incorporated as they become available and are proven to provide educational benefits. Formal evaluations of student progress and performance will be completed during each clinical rotation by the assigned ACI/CI.

II. CLINICAL EDUCATION HOUR REQUIREMENT

All clinical experience hours must be submitted to the Clinical Coordinator. Each ATS will complete no less than 150 hours in their first fall semester (average 45 hours/3 week rotation) and 200 hours in the remaining (second through fourth) semesters (average 60 hours/3 week). Hours will be submitted by rotation for first year students and monthly for second year students. Hours accrued during clinical experiences **must not exceed 40 hours biweekly** and must be documented. Time sheets are located on the ATEP website

(<http://www.utc.edu/Academic/GraduateAthleticTraining/forms.php>) and hard copies are available in the main GATEP office. 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, location and activity, such as general medical) are recorded accurately. **In compliance with CAATE standards and the NCAA regulations, all students must have one day off per week. No exceptions.** The UTC-GATEP faculty will monitor student hours and make adjustments when appropriate. The Clinical Coordinator 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 all ATSs.

Clinical experiences during holidays or times when the University is officially closed are not required, If the ATS chooses to obtain clinical experience during these times, it is voluntary and hours accrued will not be credited to the GATEP, nor will an evaluation be required.

III. CRITERIA FOR PROGRESSION THROUGH CLINICAL EXPERIENCES

The clinical education component of the GATEP is associated with academic credit in the five (5) practicum courses: HHP 5525, 5625, 5725, 5825, and 5925). The ATS must receive a grade of "C" or higher to progress into the next practicum course. Each practicum course syllabus will describe 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 performance evaluations from ACI/CIs
- Satisfactory Professional Fitness Evaluations (The **Professional Fitness Policy** is a component of the UTC ATEP **Policies and Procedures (UTC GATEP Policy Manual)**).
- Submit required evaluations forms
- Complete the psychomotor skills and/or clinical proficiency evaluations required for the respective course to progress to the next practicum course.

IV. CLINICAL PERSONNEL RESPONSIBILITIES

A. 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 of credentialed 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-GATEP faculty and Athletic Training Staff, and other certified athletic trainers who have at least one year of professional experience. All eligible candidates must complete an initial UTC-GATEP ACI Workshop and also complete an ACI Review Workshop every three (3) years. ACIs must support the Policies and Procedures of the ATEP, be familiar with the curriculum and have a high level of understanding of the evaluation guidelines. The ACI will provide instruction to, 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 GATEP through meetings (phone or in-person) and e-mail correspondence, to facilitate communication of the student's progress.

B. 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 of credentialed experience in the respective discipline is preferred. CIs with less than one year of credentialed experience will function under a high level of supervision of an ACI at that location. CIs are responsible for the instruction, evaluation, and supervision of athletic training students in the clinical setting. The CI is not charged with the formal evaluation of clinical proficiencies, but must support the Policies and Procedures of the GATEP 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 GATEP through meetings (phone or in-person) and e-mail correspondence, to facilitate communication of the student's progress.

C. ATS Responsibilities

The athletic training student must adhere to policies and procedures of the GATEP and of the respective clinical site. 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. Setting clear objectives for each experience and sharing those objectives with the assigned ACI/CI is strongly recommended.

V. SUPERVISION POLICY

The UTC-GATEP Clinical Supervision Policy is compliant with CAATE Accreditation Standards and the Tennessee Athletic Training Practice Act (TCA 63-24-101).

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 a requirement that 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.

If a situation arises that leaves a student 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 until the ACI/CI returns. Unsupervised experiences will not be mandated for any student. If the ATS voluntarily chooses not to leave the site during the temporary absence of the ACI/CI, 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). Any unsupervised time is unauthorized by the GATEP and there will not be considered in the recording of clinical experience hours.

A. Travel Policy

Students will have the opportunity to accompany an ACI/CI to away competitions as space and budgetary constraints permit. 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-GATEP Policies and Procedures and the UTC Code of Student Conduct are in affect at any time you are in class, accruing clinical hours or representing UTC.

B. First Responder Policy

The GATEP does not support unsupervised clinical education experiences for students, which exposes those involved to liability. Furthermore, utilization of students as first responders 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 GATEP-related clinical experiences.

C. Voluntary Clinical Experience

Opportunities to acquire additional clinical experience may occur while enrolled at UTC. These opportunities are voluntarily chosen by the ATS. Although not required, these experiences are encouraged for the overall preparation in becoming an entry-level athletic trainer. To be covered under the University's student liability insurance, and to remain compliant with the state of Tennessee Practice Act for Athletic Trainers, a credentialed healthcare provider must supervise voluntary clinical experiences.

VI. Instruction and Evaluation of Psychomotor Competencies and Clinical Proficiencies

A. Overview

A student applies skills and techniques on patients during supervised clinical experiences ONLY after he or she has demonstrated successful performance (minimum of 70% proficiency) of those skills in a one-on-one evaluation with an ACI.

Psychomotor competencies (PMC) are first introduced and instructed in the curriculum (class/lab). The UTC-GATEP Competency and Clinical Proficiency Matrix and ATEP Course Syllabi outline the specific skill breakdown per course. The course instructor formally teaches, demonstrates, and supervises psychomotor (PM) competency practice. PMC evaluations first occur through peer evaluation, followed by a one-on-one evaluation with an ACI. 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 PMC and CP evaluations are conducted only by ACIs.

Students should demonstrate continual advancement in the application of CPs as they progress through the clinical experiences and associated practicum courses. As the ATS progresses through the clinical education component of the GATEP, his or 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 experiences.

B. Evaluation of Psychomotor Competencies and Clinical Proficiencies

This section describes the ATEP procedures for PMC and CP evaluation. The evaluation system was designed to ensure consistency in instruction and evaluation among the evaluators within the UTC-GATEP.

The ATS has an individual portfolio containing completed PMC and CP evaluation records along with other materials. The folders are controlled and maintained by the ATEP Director and Clinical Coordinator. Copies of PMC skill evaluation materials are provided to the ATS or to the ACI ahead of time, depending on the type/level of evaluation. Skill materials are provided to the ATS by the course instructor and are also available for the student online in the respective Blackboard course. CP evaluations are assessable only to the ACIs. Students do not have prior access to these evaluations.

Two primary methods of skill evaluations are utilized: Systematic-Based and Clinical Decision-Based. Each method is described below in detail.

1) Systematic-Based Evaluation of the Psychomotor Competencies

Systematic-Based Evaluations are utilized for assessment of the initial learning of the competencies. The PMCs are assigned to specific didactic courses/labs based on content area (as designated in the 4th Edition NATA Competency Matrix) and are organized into prescribed PMC examinations (as indicated on GATEP Course Syllabi). Competencies are first instructed in the course/lab, followed by a period of supervised practice and peer evaluation. PMC examinations are then scheduled with ACIs. These evaluations occur OUTSIDE of clinical experience hours and in a one-on-one format with the 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.

Every student must demonstrate a minimal level of performance in the evaluations. Scores lower than seventy percent (70%) on any of the PMCs 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 guidelines and descriptions for the PMC evaluations are universally accepted and applied by the Evaluation Team. Objectivity is maintained by utilizing evaluation tools with descriptive grading criteria. Each skill is broken down into essential tasks of the original skill. These documents are revised and distributed as needed. In addition, specific techniques and details are thoroughly discussed during designated meeting times throughout the year. The high level of communication (bi-weekly staff meetings and email communications) among the evaluators ensures the consistency of instruction and evaluation.

The Clinical Coordinator and Program Director oversee the Systematic-Based Evaluations, including scheduling, grading, coordination of re-takes (for any skill performance less than 70% proficiency) and record-keeping.

IT MUST BE RE-EMPHASIZED AGAIN THAT NO SKILL CAN BE APPLIED TO REAL PATIENTS UNTIL THE STUDENT HAS DEMONSTRATED THE MINIMAL LEVEL OF COMPETENCY. ALL SKILL APPLICATION FOR CARE OF PATIENTS MUST OCCUR UNDER THE SUPERVISION OF AN ACI/CI.

2) **Clinical Decision-Based Evaluations of the Clinical Proficiencies**

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 PMC examination and are conducted in a one-on-one format with a member of the UTC Evaluation Team (ACI). These evaluations function as a transition from detailed systematic-based skill evaluation to a more “holistic” integration of the skills, emphasizing clinical-discrimination ability.

Scenario/Simulation Evaluations

Scenario/Simulation Evaluations are clinical-decision based evaluations using a trained-model that will provide feedback to the ATS on the basis of specific questions that are asked. These evaluations are performed in during the final semester of the program and are conducted in a one-on-one format with a member of the UTC-GATEP Evaluation Team. The purpose of these evaluations is to provide an additional opportunity to confirm student proficiency, retention, 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 GATEP Clinical Coordinator reviews all evaluation materials, which are stored in the student or portfolio

Evaluation documents are distributed each rotation to the ATS and/or ACI. The Clinical Proficiency Matrix (with designated CPs for completion) document is currently being pilot-tested with the first year athletic training students. The ACI evaluates the student's CP performance and updates the CP Matrix appropriately. Each ATS must complete all of the clinical evaluations before moving on to the next rotation.

VII. Clinical Performance Evaluation System

Each of the five (5) Athletic Training Practicum Courses utilizes an evaluation system that consists of the following: Student Performance, Professional Fitness Evaluation, ACI/CI Performance & Clinical Site Quality, Clinical Paper, and Journal Entry.

a. ATS Performance Evaluation

Student performance is evaluated by the ACI/CI at the end of each clinical experience (rotation). First-year students are evaluated at the completion of each 3-week rotation. Second-year students are evaluated at the completion of each 8-week rotation. Fourteen week rotations will have mid-rotation and end of rotation evaluations. Evaluation documents are distributed each rotation to the ATS. The ATS is responsible for delivering the evaluation form to the assigned ACI/CI and then scheduling a meeting with the ACI/CI to go over the evaluation. Both parties must sign the evaluation, acknowledging that they have reviewed the document together, prior to submitting the document to the Clinical Coordinator. ATS Performance Evaluations are recorded electronically and filed in the student's clinical folder.

b. Professional Fitness Evaluation

Students are evaluated each semester on their compliance to the UTC-GATEP Professional Fitness Policy (located in the UTC-GATEP Policy Manual). The purposes of this policy and evaluation are to protect the public and the integrity of the Athletic Training Profession by ensuring that students are professionally fit to continue in the GATEP. This means that students abide by the NATA Code of Ethics, NATA Educational Competency Professional Behaviors, and the BOC Standards of Professional Practice. Violations of these guidelines will result in disciplinary action, including dismissal from the program, as indicated in the Professional Fitness Policy. The Professional Fitness evaluations are completed by the Clinical Coordinator and Program Director in consultation with the assigned ACI/CIs for that semester.

c. ACI/CI Performance and Evaluation of Clinical Site

Students are required to complete an online evaluation of the ACI/CI and clinical site experience at the completion of each clinical experience. Students receive an email invitation by the Program Director, which links direction to the online evaluation. The evaluations are confidential, reviewed in detail only by the Program Director and Clinical Coordinator, who will compute evaluation averages to share with each respective ACI/CI. No student identifiers will be included in these annual summary reports.

d. Clinical and/or Observation Paper

Upon the completion of each clinical experience, students will complete an online clinical paper, highlighting the pros and cons of the experience, the most memorable experience, and suggestions for improvement. Papers will be reviewed in detail only by the Program Director and Clinical Coordinator, who will share generalities with respective ACI/CIs as needed. No student identifiers will be included.

The clinical paper is also used for required observation experiences (i.e., University Health, Surgery, and ER).

e. Journal Entry

The ATS is required to submit weekly online journal entries on clinical cases seen during the clinical experience. Entries must include the following information: date, sport, age, position, diagnosis, description of the injury, observations about the case, and questions the student has pertaining to the case.

VIII. ATEP Terms and Definitions

(From "Standards for the Accreditation of Entry-Level Athletic Training Education Programs" published by the Committee on Accreditation of Athletic Training Education, Rev. 6/30/08)

Ability to Intervene	The CI or ACI is within the immediate physical vicinity and interact with the ATS on a regular and consistent basis in order to provide direction and correct inappropriate actions. The same as being "physically present."
Academic Catalog/Bulletin	The official publication of the institution that describes the academic programs offered by the institution. This may be published electronically and/or in paper format.
Academic Plan	The plan that encompasses all aspects of the student's academic classroom and clinical experiences.
Adequate	Allows for the delivery of student education that does not negatively impact the quality or quantity of the education. Same as sufficient.
Administrative Support Staff	Professional clerical and administrative personnel provided by the sponsoring institution. Professional clerical personnel may be supplemented, but not replaced, by student assistants.
Affiliate (Affiliated Setting)	Institutions, clinics, or other health settings not under the authority of the sponsoring institution but that are used by the ATEP for clinical experiences.

Affiliation Agreement	A formal, written document signed by administrative personnel, who have the authority to act on behalf of the institution or affiliate, from the sponsoring institution and affiliated site. Same as the memorandum of understanding.
Allied Health Care Professional	Chiropractor, Dentist, Registered Dietician, Emergency Medical Technician, Nurse Practitioner, Nutritionist, Paramedic, Occupational Therapist, Optometrist, Orthotist, Pharmacist, Physical Therapist, Physician Assistant, Podiatrist, Prosthetist, Psychologist, Registered Nurse or Social Worker who hold a current active state or national practice credential and/or certification in the discipline 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. Same as other health care professionals. (12-7-07)
Approved Clinical Instructor (ACI)	An appropriately credentialed professional identified and trained by the program CIE to provide instruction and evaluation of the Athletic Training Educational Competencies and/or Clinical Proficiencies. The ACI may not be a current student within the ATEP. Please refer to the CAATE list of Allied Health Care Professionals' in the glossary and/or posted on the CAATE website.
Appropriate Credential	An appropriate credential refers to a practice credential (i.e. a state license, state certification or state registration) that is required for the individual to practice his/her specific health care or medical profession within the state housing the ATEP. Where indicated, an appropriate credential is a required qualification of the program director, the medical director, approved clinical instructor (ACI), and the clinical instructor (CI) regardless of whether the individual is currently practicing his/her profession.
ATEP	Athletic Training Education Program.
ATEP Faculty	BOC Certified Athletic Trainers and other faculty who are responsible for classroom or sponsoring institution clinical instruction in the athletic training major.
Athletic Training Facility/Clinic	The facility designated as the primary site for the preparation, treatment, and rehabilitation of athletes and those involved in physical activity.
Athletic Training Student (ATS)	A student enrolled in the athletic training major or graduate major equivalent.
Clinical Coordinator	The individual a program may designate as having the primary responsibilities for the coordination of the clinical experience activities associated with the ATEP. The clinical coordinator position is currently recommended, but not required by the Standards.
Clinical Education	The application of knowledge and skills, learned in classroom and laboratory settings, to actual practice on patients under the supervision of an ACI/CI.
Clinical Experiences	Those clinical education experiences for the Athletic Training Student that involve patient care and the application of athletic training skills under the supervision of a qualified instructor.
Clinical Instruction Site	The location in which an ACI or CI interacts with the ATS for clinical experiences. If the site is not in geographical proximity to the ATEP, then there must be annual review and documentation that the remote clinical site meets all educational requirements.
Clinical Instructor (CI)	An individual identified to provide supervision of athletic training students during their clinical experience. An ACI may be a CI. The ACI may not be a current student within the ATEP. Please refer to the CAATE list of Allied Health Care Professionals' in the glossary and/or posted on the CAATE website.
Clinical Instructor Educator (CIE)	The BOC Certified Athletic Trainer recognized by the institution as the individual responsible for ACI training. If more than one individual is recognized as a CIE for an ATEP, then at least one of those individuals must be a BOC Certified Athletic Trainer.
Clinical Plan	The plan that encompasses all aspects of the clinical education and clinical experiences.

Clinical Ratio	The ratio of ACI or CI to the number of athletic training students. The ratio is calculated for all students assigned to the instructor for the length of the experience or academic term. The ratio must not exceed eight students per instructor. If directed observation students are providing direct patient care or require supervision they must be included in this ratio.
Communicable Disease Policy	A policy, developed by the ATEP, consistent with the recommendations developed for other allied health professionals, that delineates the access and delimitations of students infected with communicable diseases. Policy guidelines are available through the CDC
Contemporary Instructional Aid	Instructional aids used by faculty and students including, but not limited to, computer software, AED trainers, and Epi-Pen trainers.
Contemporary Information Formats	Information formats used by faculty and students including electronic databases, electronic journals, digital audio/video, and computer software.
Didactic Instruction	See: Formal classroom and laboratory instruction.
Direct Patient Care	The application of professional knowledge and skills in the provision of health care.
Direct Supervision	Supervision of the athletic training student during clinical experience. The ACI and or CI must be physically present and have the ability to intervene on behalf of the athletic training student and the patient.
Directed Observation Athletic Training Student	A student who may be present in an athletic training facility, but not necessarily enrolled in the athletic training major, who is required to observe the practices of a Certified Athletic Trainer. This student may not provide direct patient care.
Distance Education	Classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution and students at that institution and additional locations. Instruction may be via the internet, telecommunication, video link, or other electronic media. Distance education does not include clinical education or the participation in clinical experiences. Same as remote education.
Equitable	Not exact but can be documented as comparable with other similar situations or resources.
Expanded Subject Area	Subject matter that should constitute the academic “core” of the curriculum. It must include, but not be limited to the following areas: assessment of injury/illness, exercise physiology, first aid and emergency care, general medical conditions and disabilities, health care administration, human anatomy, human physiology, kinesiology/biomechanics, medial ethics and legal issues, nutrition, pathology of injury/illness, pharmacology, professional development and responsibilities, psychosocial intervention and referral, risk management and injury/illness prevention, strength training and reconditioning, statistics and research design, therapeutic exercise and rehabilitative techniques, therapeutic modalities, weight management and body composition.
Formal Instruction	Teaching of required competencies and proficiencies with instructional emphasis in structured classroom and laboratory environment(s). Same as didactic instruction.
Full-time Faculty	Recognized by the sponsoring institution as a full-time member of the faculty with all responsibilities and voting privileges as other designated full-time faculty and documented in institutional faculty delineations.
Funding Opportunities	Opportunities for which students may participate for reimbursement, but that do not require the students to utilize athletic training skills, to replace qualified staff, and are not required of the academic program.
General Medical Experience	Clinical experience that involves observation and interaction with physicians, nurse practitioners, and/or physician assistants where the majority of the experience involves general medical topics as those defined by the Athletic Training Educational Competencies.

Geographic Proximity	Within a vicinity to allow for annual inspection, review, and documentation of meeting all academic requirements by the ATEP faculty/staff.
Learning Over Time (Mastery of Skills)	The process by which professional knowledge and skills are learned, integrated, and evaluated. This process involves initial formal instruction and evaluation of knowledge and skill as defined by the NATA Educational Competencies, followed by a time of sufficient length to allow for practice and integration of discrete knowledge and skill into a demonstration of comprehensive clinical (actual or simulated) proficiency. Clinical proficiencies must be evaluated by Approved Clinical Instructors (ACIs)
Major	In documents of the institution (catalogue, web pages, etc.) where majors are listed, athletic training must be listed as a major. The designation as a major must be consistent with institutional and system wide requirements.
Master Plan	The plan of the ATEP that encompasses all aspects of student education and learning in both the clinical and didactic settings.
Medical Director	The physician (MD or DO) who serves as a resource for the programs director and ATEP faculty regarding the medical content of the curriculum. The Medical Director may also be the team physician; however, there is no requirement for the Medical Director to participate in clinical education.
Memorandum of Understanding	See: Affiliation agreement.
Other Health Care Personnel	See: Allied health care personnel.
Outcome Assessment Instruments	The instruments used for program evaluations that are designed to collect data and feedback in regard to outcomes that relate to the ATEP mission, goals, and objectives of the program. Instruments also must be designed to collect data and feedback in regard to the effectiveness of program instruction relative to the Athletic Training Educational Competencies.
Outcomes	The effect that the ATEP has on the preparation of students as entry-level athletic trainers and the effectiveness of the program to meet its mission, goals, and objectives.
Physical Examination	An examination performed by an appropriate health care provider (MD,DO, PA, NP) to verify that the student is able to meet the physical and mental requirements (i.e., technical standards) with or without reasonable accommodation as defined by the ADA.
Physically Interact	See: Ability to intervene and physically present.
Physically Present	See: Ability to intervene.
Physician	A Medical Doctor (MD) as defined by the American Medical Association or a Doctor of Osteopathic Medicine (DO) as defined by the American Osteopathic Association.
Pre-Professional Student	A student who has not yet been admitted formally into the ATEP. May be required to participate in non-patient activities as described by the term Directed Observation Athletic Training Student.
Professional Development	Continuing education opportunities and professional enhancement, typically is offered through the participation in symposia, conferences, and in-service sessions, that allow for the continuation of eligibility for professional credentials.
Program Director	The full-time faculty member of the host institution and a BOC Certified Athletic Trainer responsible for the administration and implementation of the ATEP.
Remote Education	See Distance education.

Service Work	Volunteer activities outside of the required clinical experiences (e.g., Special Olympics, State Games). If athletic training skills are part of this service work, then they must be supervised in those activities.
Sponsoring Institution	The college or university that awards the degree associated with the ATEP and offers the academic program in Athletic Training.
Sufficient	See: Adequate.
Team Physician	The physician (MD or DO) responsible for the provision of health care services for the student athlete. S/he may also be the medical director; however, this is not required by the Standards.
Technical Standards	The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the ATEP. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.