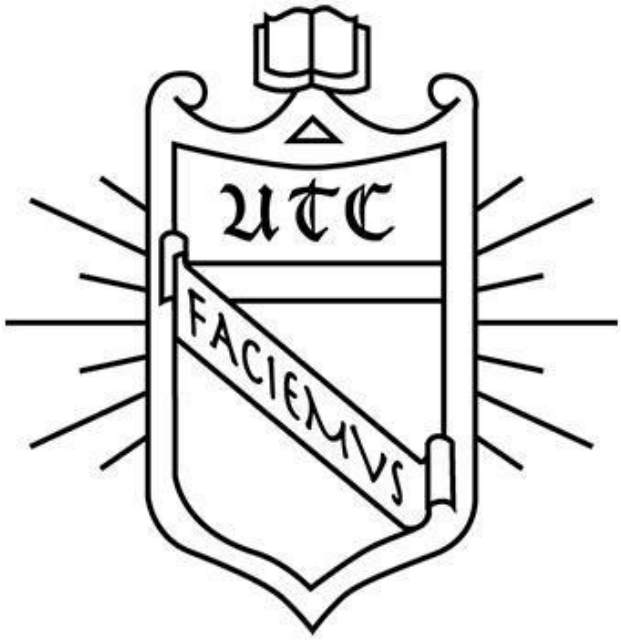
University of Tennessee at Chattanooga
Graduate Athletic Training Program



Clinical Education Plan

GATP Clinical Education Plan

Note: Terms and Definitions utilized in CAATE Accredited Professional AT Programs are located at the end of this document.

I. CLINICAL EDUCATION OVERVIEW

Clinical education will follow a logical progression that allows for increasing amounts of clinically supervised responsibility leading to autonomous practice upon graduation. The clinical education plan outlines the sequence of formal instruction of athletic training knowledge, skills, and clinical abilities, including clinical decision-making.

Clinical education will provide students with authentic, real-time opportunities to practice and integrate athletic training (AT) knowledge, skills, and clinical abilities, including decision-making and professional behaviors required of the profession in order to develop proficiency as an Athletic Trainer.

Clinical education will allow students opportunities to practice with different patient populations, health care providers, and in various health care settings relative to UTC-GATP mission statement.

II. CLINICAL EXPERIENCES

Overview

Clinical experiences are concurrent with Athletic Training Practicum Courses (ATTR 5525, 5625, 5725, 5825, and 5925) which span the length of over two academic years (5 semesters). Experiences will occur during summer, fall, and spring semesters. Athletic training students must be officially enrolled in the GATP, have completed all clinical health and safety requirements, and be registered in the respective practicum course, prior to beginning clinical experiences and performing skills on patients.

Each athletic training student (ATS) will be assigned to a Preceptor, who will instruct, guide and mentor the ATS, and who will be 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 will 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, gender, race, ethnicity, religious affiliation, socioeconomic status, sexual orientation or preference, or any other personal characteristic. Students will gain clinical education experiences that address the continuum of care that would prepare them to function in a variety of settings with patients engaged in a range of activities with conditions described in athletic training knowledge, skills and clinical abilities, Role Delineation Study and standards of practice described for a certified athletic trainer in the profession. Examples of clinical experiences must include clients/patients:

- Throughout the lifespan (for example, pediatric, adult, elderly),
- Of different sexes,
- With different 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 non-sport activities (for example, participants in military, industrial, occupational,

leisure activities, performing arts).

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 psychomotor skills prior to performing those skills on clients/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 experience, excluding scholarships (in other words, for any official GATP clinical education experience, students cannot get paid for assisting in the delivery of health care)
- Students will not and cannot replace professional athletic training staff or medical personnel (see supervision section)

Criteria for Progression through Clinical Experiences

The ATS must receive a grade of a "C" or higher to progress into the next sequenced 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 Preceptors
- Satisfactory Professional Fitness Evaluation (The **Professional Fitness Policy** is a component of the UTC-GATP Policies and Procedures (UTC-GATP Policy Manual)
- Submit required evaluations forms
- Complete the psychomotor skills and/or clinical proficiency evaluations required for the respective practicum course

III. CLINICAL SITE PLACEMENT

Overview

To provide a well-rounded clinical education experience, we have Memorandums of Understanding (affiliation agreements) with area high schools (both public and private), colleges, professional athletics, 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 GATP 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: Summer Clinical Placement

Initial clinical placement is affiliated with the ATTR 5525 – Athletic Training Summer Practicum course. All students will be assigned to the Preceptors for UTC football. The ATS must hold current CPR certification (Healthcare Provider through American Heart Association), have successfully completed all of the health and safety requirements, and have successfully completed all 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.

First-Year: Fall & Spring Clinical Placements

Students complete four, 4-week rotations during the Fall and two, 7-8-week rotations during the Spring at on-campus and off-campus clinical sites with Preceptors in a variety of health care settings, working with sport and non-sport populations. Specific placement for students is randomized to ensure fair and equal opportunity for all students. Experiences are designed to address the requirements set for by CAATE for the variety necessary to prepare students to work with diverse populations in diverse settings.

Second-Year: Fall & Spring Clinical Placements

Students will complete two immersive clinical experiences during their 2nd year. Fall Part-Term 1 and Spring Part-Term 2 will each have an 7-8-week immersion rotation. The immersive clinical experience is a requirement set forth by the 2020 Standards for Accreditation of Professional Athletic Training Programs. They are a "practice-intensive experience that allows for the student to experience the totality of care provided by athletic trainers." The Fall immersive clinical experience will occur at one of the GATPs established clinical sites, while the Spring immersion may occur off-site if the proposed clinical site offers unique clinical experiences (upon mutual agreement and upon completion of all GATP and CAATE requirements).

The remaining clinical rotations will consist of one 15-16-week rotation or two 7-8-week rotations. The 15-16-week rotation is designed to allow the ATS to be mentored by a Preceptor for an entire sport-season to become fully integrated into the daily health care of clients/patients. The two remaining rotations are selected from high school, college/university, professional, rehabilitation, or physician opportunities.

Placements are determined by the Clinical Education Coordinator (CEC) following consultations with students, Preceptors and the GATP Director. Students complete a Clinical Placement form, 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 in the GATP
- Previous clinical experiences in the GATP
- Personal attributes of the ATS
- Previous disciplinary actions

Non-Sport Patient Populations

To ensure that students are exposed to a variety of conditions and populations, each student will complete 2 separate rotations (approximately 20 hours each) with primary care and orthopedic physicians at various clinics in the Chattanooga area. Students will also accrue a minimum of 12 hours at Erlanger Health System Trauma-1 Emergency Room, and 1 12 hours shift with EMS.

IV. SUPERVISION AND RELATED POLICIES

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

Students will have the opportunities to interact with a variety of medical and health care personnel. An athletic trainer, certified by the Board of Certification (BOC), who currently possesses the appropriate state athletic training practice credential, will supervise (serve as a preceptor) the majority of the student's clinical coursework (i.e., clinical education experiences). The remaining clinical coursework may be supervised by any appropriately state credentialed medical or health care professional.

Direct supervision

Direct supervision (physically present) describes the supervision required of students during clinical experiences. 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 decision. Students are strongly encouraged make clinical decisions, commensurate with their progression in the Program, in consultation with the Preceptor or other qualified health care professionals.

Graded (Direct) Supervision

The GATP incorporates a graded method of supervision, which initially involves close monitoring (key words: "hip pocket"), but progresses to supervised autonomy, once a student demonstrates proficiency. 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. Direct supervision, when properly implemented, should encourage clinical decision-making during actual patient/client care.

Parameters of Supervision

- 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
- The number of students assigned to a preceptor in each clinical setting will be a ratio that is sufficient to ensure effective clinical
- There will be regular communication between the GATP and the preceptor

What to do When a 'Supervised' Activity becomes 'Unsupervised'

If a situation arises that leaves a student unsupervised (e.g., Preceptor leaves to take a phone call or use the restroom and no other health care professional is present), the student must leave the area until the Preceptor, or other health care professional, returns.

Unsupervised experiences will not be mandated or allowed for any student.

If the ATS voluntarily chooses not to leave the area during the temporarily unsupervised period, 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). See First Responder Policy below.

These unsupervised incidences must immediately be reported by the ATS to the GATP Director or Clinical Education Coordinator. Unsupervised time is not authorized by the GATP and will not be considered in the recording of clinical experience hours.

Breach of Supervision Policy

Adherence to the supervision policy is the responsibility of both the Preceptor and the Student. The student may be subject to disciplinary action for failing to comply with the policy and/or failure to report the incident. Utilization of the Preceptor may be discontinued. Each incident, and any subsequent disciplinary action, will be reviewed on a case-by-case basis.

Travel Policy

Students will have the opportunity to accompany a Preceptor to away competitions as space and budgetary constraints permit. Athletic training students are not allowed to travel without a supervising Preceptor and will never be used to replace an Athletic Trainer in this respect. When traveling, students must follow all the rules and regulations that apply to the student-athletes from that institution. The UTC-GATP Student Policy Manual and Clinical Education Plan, and the UTC Code of Student Conduct are in effect for the duration of enrollment at UTC.

First Responder Policy

The GATP does not support unsupervised clinical education experiences for students. Utilization of students as 'First Responders' conflicts with the mission of the GATP, violates a CAATE Standard, and violates the Tennessee Athletic Training Practice Act. To protect students, patients, preceptors, and the respective institutions, ATSs are only assigned to supervised Preceptors and therefore cannot be used as First Responders during GATP-related clinical experiences.

Dress Code Policy

Please reference the GATP Student Policy and Procedural Manual.

V. CLINICAL HOURS

Hour Policy:

The GATP hour policy varies by year and semester in the program with the intention to accommodate variations that happen within the academic semester and within clinical rotations.

Our policy requires student hours to fall within a set range based on 40 hour week minus credit hours:

1st Summer: flexible based on schedule created by AT staff

1st Fall: 240 – 390 hours

2nd Fall: 150—230 hours (accumulated during non-immersion)

Fall Immersion: 240 – 360 hours over 7-8 weeks

1st Spring: 240 – 390 hours

2nd Spring: 150 – 240 hours (accumulated during non-immersion)

Spring Immersion: 240 – 360 hours over 7-8 weeks

Students are expected to attend clinical assignments 4-6 days per week, barring any unforeseen closures, illness, injury, or team travel, and must have one (1) day off every seven (7) days. No exceptions. Clinical Hours are encouraged, but not required during Finals Week. In the event that students foresee hour accumulation below the lower limit, it should be discussed with the CEC. In the event of unforeseen closures, illness, injury, or team travel, students are expected to make up missed clinical hours in subsequent weeks. In the case of inability to make-up clinical hours, evaluation will occur on a case-by-case basis.

UTC Tournament/Event Opportunities

UTC and the City of Chattanooga frequently hosts large tournaments and events where students can gain additional experience in event medical management. The GATP requires ATSs to complete at least 2 tournaments or events per school-year. Examples include the Southern Scuffle (WR), Frost Classic (SB), Ooltewah High School Wrestling Tournament, and Ironman. The CEC will communicate opportunities as they arise.

Recording and Submitting Clinical Hours and Summary Logs:

Hours and Daily Summary Logs should be submitted daily in the Typhon system by 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.

The CEC will monitor student hours weekly and provide reports to the GATP Director each semester. Monitoring will also be utilized to ensure that equal and fair opportunities exist for all ATSs in compliance with CAATE standards. The CEC will make adjustments to the student's schedule as needed to accommodate for academic challenges and/or personal circumstances. Should a student unknowingly be low in hours, the CEC will verbally or electronically contact the student to discuss reasons for the discrepancy and a plan will be developed to assist the student in obtaining the required minimum number of hours for the respective semester.

Holidays and University Closures

Clinical experiences during times when the University is officially closed is encouraged, but not required. University Closures include: New Year's Day, Martin Luther King, Jr. Day, Spring Holiday (Good Friday), Memorial Day, Independence Day, Labor Day, Thanksgiving (Thurs and Fri), and Winter Holiday (typically the week of Christmas).

During Class Holidays, students are expected to participate in clinical rotations as scheduled. These holidays include: Fall Break and Spring Break

Students requesting time off from scheduled clinical experience dates must do so in advance by submitting a Personal Leave Request Form. This form can be located under the "Forms" section of the program website and must be signed by the Preceptor and the GATP-Director or Clinical Education Coordinator. The form will be filed with the CEC. It is preferred that students have all needed leave request forms filled out at the beginning of a rotation.

Internship Opportunities

Opportunities to acquire additional clinical experience may occur during the summer between the first and the second year in the GATP or over holiday breaks. These opportunities are voluntarily chosen by the student and are not a required part, nor will be representative of the GATP or UTC. To be covered under the student liability insurance, and to remain compliant with the State of Tennessee Athletic Training Practice Act, a credentialed healthcare professional must supervise internship clinical experiences.

VI. PRECEPTOR RESPONSIBILITIES AND QUALIFICATIONS

Preceptor Responsibilities

- Supervise students during clinical education;
- 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 integration proficiencies, communication skills, and clinical decision-making during actual patient/client care;
- Provide assessment of ATSs' clinical integration proficiencies, communication skills and clinical decision-making during actual
- Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training;
- Demonstrate understanding of and compliance with the program's policies and procedures;
- Maintain Contemporary Expertise.

Preceptor Qualifications

Preceptors are health care providers whose experience and qualifications include the following:

- Licensure as a health care provider, credentialed by the state in which they practice (where regulated)
- BOC certified in good standing and state credential (in states with regulation) for preceptors who are solely credentialed as athletic trainers
- Planned and ongoing education for their role as a preceptor
- Contemporary expertise

Additional Requirements

- There must be regular communication between the GATP and the preceptor.
- Preceptors must participate in all Preceptor Training requirements. In the event of missed events, the preceptor and CEC will coordinate a make-up training date.
- The number of students assigned to a preceptor in each clinical setting must be of a ratio that is sufficient to ensure effective
- 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 the clinical education as well as the didactic component of the program. Students are often very organized in the classroom 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 experiences.

Clinical experiences provide vast opportunities for learning. Students must not expect the Preceptor to make these opportunities happen. Although these supervisors are, in part, responsible for facilitating the clinical education experience, it is the student's responsibility to be organized and set specific objectives outlining what goals and objectives for that experience. The Preceptor 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 Preceptor is strongly recommended.

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. If issues are not adequately resolved and the student still has concerns, then the student is to report the concern/issue to the Clinical Education Coordinator or GATP Director. The GATP Director or CEC will present issues that are still not resolved to the Health and Human Performance Department Head. The GATP faculty members are first and foremost, student advocates; however, resolving issues for students, that possibly could be resolved by the students and the other involved party, would be a disservice to the students in preparing them for developing productive professional relationships. Issues will be resolved without retaliation towards the ATS. Reference Grievance Policy within Policy and Procedure Manual for additional information.

VIII. INSTRUCTION AND EVALUATION OF PSYCHOMOTOR COMPENTENCIES AND CLINICAL PROFICIENCIES

Overview

A student applies skills and techniques on patients during supervised clinical experiences **ONLY** after he or she has been instructed on them. Most skills will be formally evaluated prior to patient application.

Psychomotor competencies (PMC) are first introduced and instructed in the curriculum (classroom/laboratory). The UTC-GATP Competency and Clinical Proficiency Matrix and GATP 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 a Preceptor. The ATS then has the opportunity to review and integrate clinical proficiencies (CP) in the clinical setting under the supervision of a Preceptor.

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 GATP, his or her Preceptor should be physically present at all times allowing the student to appropriately integrate acquired skills into patient care and simulated situations. The assigned Preceptor, or other health care professional, must be physically present on-site able to be able to intervene on behalf of the patient. Preceptors are expected to continually review and assess previously learned psychomotor skills and proficiencies and encourage integration of newly acquired skills during the clinical education experiences.

Evaluation of Psychomotor Competencies and Clinical Proficiencies

This section describes the GATP procedures for PMC and CP evaluation. The evaluation system was designed to ensure

consistency in instruction and evaluation among the evaluators within the UTC-GATP.

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 GATP Director and Clinical Education Coordinator. Copies of PMC skill evaluation materials are provided to the ATS or to the Preceptor 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 evaluating Preceptor. Students do not have prior access to these upper-level 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 (Mass Practical Evaluations)

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 and are organized into prescribed PMC examinations (as indicated on GATP Course Syllabi). Competencies are first instructed in the course/lab, followed by a period of supervised practice, peer evaluation, and random skill evaluation by program faculty (who are also Preceptors).

Mass Practical Evaluations: PMC competencies are evaluated through 'mass practical' evaluations. These evaluations occur 3 times each semester and are scheduled OUTSIDE of clinical experience hours. Preceptors, trained in skill evaluation, will be assigned a set of skills to evaluate. Skills will be randomly selected from current and previous courses. In other words, all skills previously taught and practiced are fair game for mass practical evaluations.

Students will be assigned a specific time to show up and rotate through the stations. Because of the significant amount of time and effort needed to coordinate these evaluations, students are expected to be there. If a student must miss a mass practical evaluation (i.e., compliance with the active communicable and infectious disease policy or emergency situation), then advanced notification is required. Failure to notify the CEC in advance will result in a 50% reduction in the student's score, for grading purposes, upon completion of the skill evaluations.

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 among the evaluators ensures the consistency of instruction and evaluation.

The Clinical Education 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.

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 GATP Evaluation Team. 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 GATP 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.

IX. CLINICAL PERFORMANCE EVALUATION

Each of the five (5) Athletic Training Practicum Courses utilizes an evaluation system that generally consists of the following

evaluations: Student Performance, Professional Fitness Evaluation, Preceptor Performance & Clinical Site Quality, and Clinical Goals.

Clinical and Professional Goals

Beginning in the Spring of 1st year, students will identify 1 clinical and 1 professional S.M.A.R.T. goal for each clinical rotation. Goals will be created in Typhon and will be due within 1 week of a new rotation. The ATS is responsible for discussing these goals with the Preceptor and the CEC. At the conclusion of each rotation, Self Assessments will be completed as well.

ATS Performance Evaluation

Student performance is evaluated by the Preceptor at the end of each clinical experience (rotation). The Preceptor will complete the evaluation in Typhon. Students are evaluated at the completion of each rotation. The ATS is responsible for scheduling a meeting with the Preceptor to go over the evaluation. ATS Performance Evaluations are stored and may be accessed in Typhon.

Professional Fitness Evaluation

Students are evaluated each semester on their compliance to the UTC-GATP Professional Fitness Policy (located in the UTC-GATP 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 GATP. 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 Preceptors for that semester.

Preceptor Performance

Students are required to complete an online evaluation of the Preceptor within 1 week of each clinical experience end date. Students will access the evaluation through Typhon. Failure to complete evaluations on time will result in point deductions from respective Practicum course grades. The evaluation may be viewed by the Program Director, CEC and respective Preceptor.

Evaluation of Clinical Site/Experience

Students are required to complete an online evaluation of the clinical site/experience at the completion of each clinical experience. Students will access the evaluation through Typhon. Failure to complete evaluations on time will result in point deductions from respective Practicum course grades. The evaluation may be viewed by the Program Director and CEC. The Preceptor will be provided a de-identified copy of responses at the conclusion of each academic year.

Evaluation of a Rotation

Upon the completion of each clinical experience, students will complete an open-ended evaluation in Typhon, highlighting the pros and cons of the experience, the most memorable experience, and suggestions for improvement. Students will access the evaluation through Typhon. Failure to complete evaluations on time will result in point deductions from respective Practicum course grades. Evaluations may be reviewed in detail only by the GATP Director and CEC, who will share generalities with respective Preceptors as needed. No student identifiers will be included. The evaluation of a rotation is also used for required observation experiences (i.e., Surgery and ER).

Glossary

(From "2020 Standards for Accreditation of Professional Athletic Training Programs" published by the Committee on Accreditation of Athletic Training Education)

Academic year: Customary annual period of sessions at an institution. The academic year is defined by the institution.

Adjunct faculty: Individuals contracted to provide course instruction on a full-course or partial-course basis but whose primary employment is elsewhere inside or outside the institution. Adjunct faculty may be paid or unpaid.

Affiliation agreement: A formal agreement between the program's institution and a facility where the program wants to send its students for course-related and required off-campus clinical education. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. *See also* Memorandum of understanding.

Assessment plan: A description of the process used to evaluate the extent to which the program is meeting its stated educational mission, goals, and outcomes. The assessment plan involves the collection of information from a variety of sources and must incorporate assessment of the quality of instruction (didactic and clinical), quality of clinical education, student learning, and overall program effectiveness. The formal assessment plan must also include the required student achievement measures identified in Standard 5. The assessment plan is part of the framework.

Associated faculty: Individuals with a split appointment between the program and another institutional entity (for example, athletics, another program, or another institutional department). These faculty members may be evaluated and assigned responsibilities by multiple supervisors.

Athletic trainers: 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.

Biometrics: Measurement and analysis of physical characteristics and activity.

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.

Core faculty: Faculty with full faculty status, rights, responsibilities, privileges, and college voting rights as defined by the institution and who have primary responsibility to the program. These faculty members are appointed to teach athletic training courses, advise, and mentor students in the athletic training program. Core, full-time faculty report to, are evaluated by, and are assigned responsibilities by the administrator (chair or dean), in consultation with the program director, of the academic unit in which the program is housed.

Durable medical equipment: Equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, is generally not useful to a person in the absence of an illness or injury, and is appropriate

Electronic health record: A real-time, patient-centered, and HIPAA-compliant digital version of a patient's paper chart that can be created and managed by authorized providers across more than one health care organization.

Evidence-based practice: The conscientious, explicit, and judicious use of current best evidence in making decisions about the care of an individual patient. The practice of evidence-based medicine involves the integration of individual clinical expertise with the best available external clinical evidence from systematic research. Evidence- based practice involves the integration of best research evidence with clinical expertise and patient values and

First-time pass rate on the Board of Certification examination: The percentage of students who take the Board of Certification examination and pass it on the first attempt. Programs must post the following data for the past three

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.

Foundational knowledge: Content that serves as the basis for applied learning in an athletic training curriculum.

Framework: A description of essential program elements and how they're connected, including core principles, strategic planning, curricular design (for example, teaching and learning methods), curricular planning and sequencing, and the assessment plan (including goals and outcome measures).

Goals: Specific statements of educational intention that describe what must be achieved for a program to meet its mission.

Graduate placement rate: Percentage of students within six months of graduation who have obtained positions in the following categories: employed as an athletic trainer, employed as other, and not employed. Programs must post the following data for the past three years on their website: the number of students who graduated from the program, the number and percentage of students employed as an athletic trainer, the number and percentage of students employed as other, and the number and percentage of students not employed.

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.

Health care informatics: The interdisciplinary study of the design, development, adoption, and application of information-technology-based innovations in the delivery, management, and planning of health care services.

Health literacy: The degree to which an individual has the capacity to obtain, process, and understand basic health

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

International Classification of Functioning, Disability, and Health (ICF): A conceptual model that provides a framework for clinical practice and research. The ICF is the preferred model for the athletic training profession.

Interprofessional education: When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.

Interprofessional practice: The ability to interact with, and learn with and from, other health professionals in a manner that optimizes the quality of care provided to individual patients.

Medical director: Currently licensed allopathic or osteopathic physician who is certified by an ABMS- or AOA- approved specialty board and who serves as a resource regarding the program's medical content.

Memorandum of understanding: Document describing a bilateral agreement between parties. This document generally lacks the binding power of a contract.

Mission: A formal summary of the aims and values of an institution or organization, college/division, department, or program.

Outcomes: Indicators of achievement that may be quantitative or qualitative.

Patient-centered care: Care that is respectful of, and responsive to, the preferences, needs, and values of an individual patient, ensuring that patient values guide all clinical decisions. Patient-centered care is characterized by efforts to clearly inform, educate, and communicate with patients in a compassionate manner. Shared decision making and management are emphasized, as well as continuous advocacy of injury and disease prevention measures and the promotion of a healthy lifestyle.

Physician: Health care provider licensed to practice allopathic or osteopathic medicine.

Physiological monitoring systems: Ongoing measurement of a physiological characteristic. Examples include heart rate monitors, pedometers, and accelerometers.

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.

Professionalism: Relates to personal qualities of honesty, reliability, accountability, patience, modesty, and self- control. It is exhibited through delivery of patient-centered care, participation as a member of an interdisciplinary team, commitment to continuous quality improvement, ethical behavior, a respectful demeanor toward all persons, compassion, a willingness to serve others, and sensitivity to the concerns of diverse patient populations.

Professional preparation: The preparation of a student who is in the process of becoming an athletic trainer (AT). Professional education culminates with eligibility for Board of Certification (BOC) certification and appropriate state credentialing.

Professional program: The graduate-level coursework that instructs students on the knowledge, skills, and clinical experiences necessary to become an athletic trainer, spanning a minimum of two academic years.

Professional socialization: Process by which an individual acquires the attitudes, values and ethics, norms, skills, and knowledge of a subculture of a health care profession.

Program graduation rate: Measures the progress of students who began their studies as full-time degree-seeking students by showing the percentage of these students who complete their degree within 150% of "normal time" for completing the program in which they are enrolled. Programs must post the following data for the past three years on their website: the number of students admitted to the program, the number of students who graduated, and the percentage of students who graduated.

Program personnel: All faculty (core, affiliated, and adjunct) and support staff involved with the professional program.

Program retention rate: Measures the percentage of students who have enrolled in the professional program who return to the institution to continue their studies in the program the following academic year. Programs must post the following data for the past three years on their website: the number of students who enrolled in the program, the number of students returning for each subsequent academic year, and the percentage of students returning for each subsequent academic year.

Quality assurance: Systematic process of assessment to ensure that a service is meeting a desired level.

Quality improvement: Systematic and continuous actions that result in measurable improvement in health care services and in the health status of targeted patient groups. Quality improvement includes identifying errors and hazards in care; understanding and implementing basic safety design principles such as standardization and simplification; continually understanding and measuring quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and designing and testing interventions to change processes and systems of care, with the objective of improving quality.

Social determinants of health: The conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.

Socioeconomic status: The social standing or class of an individual or group, frequently measured in terms of education, income, and occupation. Socioeconomic status has been linked to inequities in access to resources, and it affects psychological and physical health, education, and family well-being.

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.

Technical standards: The physical and mental skills and abilities of a student needed to fulfill the academic and clinical requirements of the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.

Value-based care models: Health care delivery system focused on the value of care delivered rather than on a fee-for-service approach.