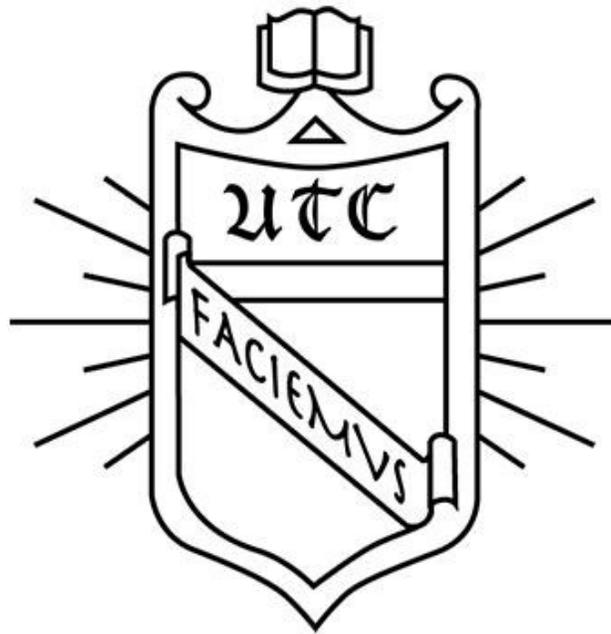


University of Tennessee at Chattanooga  
Graduate Athletic Training



Clinical Education  
Plan

## GATP Clinical Education Plan

**Note: Terms and Definitions utilized in CAATE Accredited 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 (HHP 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 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, ethnicity, religious affiliation, or sexual orientation. 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 will include, but are not limited to:

- Individual and team sports
- Sports requiring protective equipment (e.g., helmet and shoulder pads)
- Patients of both genders
- Non-sport patient populations (i.e., outpatient clinic, emergency room, primary care office, industrial, etc.)

- Conditions other than orthopedics (e.g., primary care, internal medicine)

#### Parameters of Clinical Education Experiences

Experiences must be supervised and must be educational in nature, reflecting responsibilities and opportunities representative of an athletic trainer

- Students must be instructed on AT clinical skills prior to performing those skills on patients
- Students must have a minimum of one (1) day off in every seven (7)-day period
- Students will not and cannot receive any monetary remuneration during clinical education 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)
- Clinical education hours plus academic hours are not to exceed 40 hours/week (see Clinical Hours)

#### 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 affiliation agreements with area high schools (both public and private), colleges, outpatient clinics, hospitals, health and wellness centers, and physician offices. Affiliated sites must meet specified standards, and clinical hours can only be accrued at these affiliated sites. All clinical education sites are evaluated by the 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 HHP 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 eight, four-week rotations of on-campus and off-campus experiences 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. Each student is randomly assigned a number which corresponds to specific clinical placement. 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 8-week rotations and one 16-week rotation (or four 8-week rotations upon student request). The 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 athletes. The two remaining eight-week placements are selected from high school, college/university, rehabilitation, or physician interaction 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 conditions other than orthopedic, each student will complete a three-week rotation (approximately 45 hours) with the University of Tennessee, College of Medicine-Chattanooga Family Practice (UTCOCM-FP). Students will accrue a minimum of 12 hours at Erlanger Health System Trauma-1 Emergency Room, and 10-15 hours at the University Health Services. Students are also invited to attend the educational

## **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 learning and safe patient care
- 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 an 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 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, ATs are only assigned to supervised clinical experiences and therefore cannot be used as First Responders during GATP-related clinical experiences.

### **V. CLINICAL HOURS**

#### Policy Overview

The clinical hour policy requires that the total number of hours in the classroom (academic hours) plus the total number of hours in the clinical setting (clinical hours) must not exceed 40 hours/week

$$\text{Maximum clinical hours per week} = (40 - \text{academic hours})$$

Summer Semester: Each ATs will complete a minimum of 20 hours & maximum of 40 hours/week

Note: All in-class sessions for summer courses will be completed by the start of the summer clinical education experience with UTC football.

First Fall Semester: Each ATs will complete a minimum of 150 total hours (average of 10 hours/week) and a maximum of 225 total hours (average of 15 hours/week).

Note: This semester is very challenging academically; therefore the GATP limits clinical hours to facilitate success in the classroom. Upon request, students performing well academically will be allowed to exceed the 15 hour/week maximum (all requests must be presented directly to the CEC).

Remaining Semesters: Maximum clinical hours will be determined by the '40 minus the # of academic hours' formula.

<b>Spring 1<sup>st</sup> Year:</b>	40 - 10 academic hours = 30 clinical hours/week average
<b>Fall 2<sup>nd</sup> Year:</b>	40 - 10 academic hours = 30 clinical hours/week average
<b>Spring 2<sup>nd</sup> Year:</b>	40 - 10 academic hours = 30 clinical hours/week average

Minimum clinical hours, for each of these three semesters, will be 20 hours/week

#### Recording and Submitting Clinical Hours

Hours will be submitted weekly for all students. Hours must be documented on the ATrack System. Recorded times should be correct to the nearest quarter hour. The supervising Preceptor must approve the student's hours weekly (daily with rotating Preceptors) and ensure that the descriptions of all activities (i.e., activity, location, number of hours) are recorded accurately.

As stated previously, all students must have one (1) day off every seven (7) days. No exceptions. The CEC will monitor student hours and make adjustments to the student's schedule as needed. The Coordinator will import student hours into a database 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 the CAATE Standards.

#### Holidays, University Closures, and Volunteer Hours

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, he or she must, in advance, notify the CEC. These hours are voluntary, must be supervised, and will not count towards the required hours per week.

#### Volunteer 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 voluntary 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 patient/client care;
- Facilitate the clinical integration of skills, knowledge, and evidence regarding the practice of athletic training;
- Demonstrate understanding of and compliance with the program's policies and procedures.

#### Preceptor Qualifications

- Be credentialed by the state of TN (and/or GA) in a health care profession (see glossary);
- Not be currently enrolled in the GATP at UTC;
- Receive planned and ongoing education from the GATP to promote a constructive learning environment.

#### Additional Requirements

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

## **VII. ATS's ROLE IN CLINICAL EDUCATION**

The student is responsible for being pro-active in 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 and Athletic Director. 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.

## **VIII. INSTRUCTION AND EVALUATION OF PSYCHOMOTOR COMPETENCIES 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. Only Preceptors that have completed extensive skill evaluation training from the GATP Director and/or Clinical Education Coordinator conduct formal PMC and CP evaluations.

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 (as designated in the 5<sup>th</sup> ed. NATA Competency Matrix) 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 practices 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.

### **Skill Integration in Patient Care Evaluations**

Patient Evaluations consists of clinical proficiency integration into the clinical setting through application of skill with actual patients under the supervision of a Preceptor. All Preceptors who are assigned students must provide opportunities for students to integrate skills and clinical proficiencies into patient care. A Preceptor can supervise no more than eight (8) ATSs in the clinical setting at any one time. The assigned supervising Preceptor monitors the ATS's integration of clinical proficiencies and upon completion of the clinical experience, the GATP CEC reviews all evaluation materials, which are stored in the student's portfolio.

## **IX. CLINICAL PERFORMANCE EVALUATION**

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

### **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 the “ATrack system.” First-year students are evaluated at the completion of each 4-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 scheduling a meeting with the Preceptor to go over the evaluation. ATS Performance Evaluations are stored in “ATrack.”

### **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 at the completion of each clinical experience. Students receive an email invitation through ATrack, which links directly to the online evaluation (or you can log in to ATrack and complete the evaluation). The evaluation will 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 receive an email invitation through ATrack, which links directly to the online evaluation (or you can log in to ATrack and complete the evaluation). The evaluation will be viewed by the Program Director, CEC and respective Preceptor.

### Evaluation of a Rotation

Upon the completion of each clinical experience, students will complete a clinical paper in ATrack, highlighting the pros and cons of the experience, the most memorable experience, and suggestions for improvement. Students receive an email invitation through ATrack, which links directly to the online evaluation (or you can log in to ATrack and complete the evaluation). Evaluations will 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).

## **X. 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.7/01/12)

**Academic plan:** The document that encompasses all aspects of the student's classroom, laboratory, and clinical experiences. Also called a specimen program or curriculum plan.

**Academic year:** Two academic semesters or three academic quarters.

**Affiliation agreement:** 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. This agreement defines the roles and responsibilities of the host site, the affiliate, and the student. Same as the memorandum of understanding.

**Appropriate administrative authority:** Individuals identified by the host institution and, when applicable, the affiliate who have been authorized to enter an agreement on behalf of the institution or affiliate. The individuals having appropriate administrative authority may vary based on the nature of the agreement.

**Assessment plan:** See Comprehensive Assessment Plan

**Clinical education:** The application of athletic training knowledge, skills, and clinical abilities on an actual patient base that is evaluated and feedback provided by a preceptor.

**Clinical site:** A physical area where clinical education occurs.

**Communicable disease:** A contagion that may be directly transmitted from person-to-person or by a person from an inert surface.

**Comprehensive Assessment Plan:** The process of identifying program outcomes, collecting relevant data, and analyzing those data, then making a judgment on the efficacy of the program in meeting its goals and objectives. When applicable, remedial or corrective changes are made in the program.

**Course/coursework:** Courses involve classroom (didactic), laboratory, and clinical learning experience.

**Curricular Plan:** See Academic Plan

**Degree:** The award conferred by the college or university that indicates the level of education (baccalaureate or masters) that the student has successfully completed in athletic training.

**Direct patient care:** The application of athletic training knowledge, skills, and clinical abilities on an actual patient.

**Distant learning site:** Classroom and laboratory instruction accomplished with electronic media with the primary instructor at one institution interacting with students at other 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

**Emergency Action Plan:** A venue-specific "blueprint" used for the management of medical emergencies. See: <http://www.nata.org/sites/default/files/EmergencyPlanningInAthletics.pdf>

**Faculty:** An individual who has full faculty status, rights, responsibilities, privileges, and full college voting rights as defined by institution policy and that are consistent with similar positions at the institution necessary to provide appropriate program representation in institutional decisions.

**Fees:** Institutional charges incurred by the student other than tuition and excluding room and board.

**Goals:** The primary or desired results needed to meet an outcome. These are usually larger and longer term than objectives.

**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.

**Higher education accrediting agency:** An organization that evaluates post-secondary educational institutions.

**Infectious disease:** A disease caused by microorganisms entering the body. An infectious disease may or may not be contagious.

**Laboratory:** A setting where students practice skills on a simulated patient (i.e., role playing) in a controlled environment.

**Major:** The designation as a major must be consistent with institutional and system wide requirements. Institutional documents (e.g., catalog, web pages) must list athletic training as a major.

**Medical director:** The physician who serves as a resource regarding the program's medical content. There is no requirement that the medical director participates in the clinical delivery of the program.

**Memorandum of understanding (MOU):** Similar to an affiliation agreement, but tends not to include legally-binding language or intent.

**Monetary remuneration:** Direct cash payment received by students for athletic training services and/or time.

**Objectives:** Sub-goals required to meet the larger goal. Generally objectives are more focused and shorter-term than the overriding goal.

**Official publication:** An institutional document (printed or electronic) that has been approved by the appropriate institutional personnel.

**Outcome (program):** The quantification of the program's ability to meet its published mission. The outcome is generally formed by multiple goals and objectives. For example, based on the evaluation of the goals associated with the outcomes, each outcome may be measured as "met," "partially met," or "not met."

**Outcome assessment instruments:** A collection of documents used to measure the program's progress towards meeting its published outcomes. Examples of outcomes assessment instruments include course evaluation forms, employer surveys, alumni surveys, student evaluation forms, preceptor evaluation forms, and so on.

**Physician:** A medical doctor (MD) or doctor of osteopathic medicine (DO) who possesses the appropriate state licensure.

**Preprofessional student:** A student who is not formally admitted into the program. Preprofessional students may be required to participate in non-patient activities as described by the term Directed Observation Athletic Training

**Preceptor:** A certified/licensed profession who teaches and evaluates students in a clinical setting using an actual patient base.

**Professional development:** Continuing education opportunities and professional enhancement, typically is offered through the participation in symposia, conferences, and in-services 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 implementation, delivery, and administration of the AT program.

**Release time (reassigned work load):** A reduction in the base teaching load to allow for the administrative functions associated with functioning as the Program Director and/or clinical coordinator.

**Retention:** Matriculating through the AT program culminating in graduation.

**Retention rate:** A time-based measure of the number of students who are enrolled at the start of the period being studied (e.g., 1 year, 4 years) versus those enrolled at the end of the period. Retention rate is calculated as: number at end/number at start \* 100.

**Secondary selective admissions process:** A formal admission process used for acceptance into the AT major following acceptance into the institution. Secondary selective admissions is optional and determined by the program.

**Similar academic institution (Syn: Peer institution):** Institutions of comparable size, academic mission, and other criteria used for comparing metrics. Many institutions publish a list of peer institutions.

**Sponsoring institution:** The college or university that offers the academic program and awards the degree associated with the athletic training program.

**Stakeholder:** Those who are affected by the program's outcomes. Examples include the public, employers, the Board of Certification, Inc., and alumni.

**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 program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.