

**THE UNIVERSITY OF TEXAS OF THE PERMIAN BASIN
ATHLETIC TRAINING EDUCATION PROGRAM
CLINICAL EDUCATION HANDBOOK**



TABLE OF CONTENTS

PURPOSE

FROM THE DIRECTOR

BECOMING AN ACI

GENERAL INFORMATION

Mission

Goals

Guiding Principles

EXPECTATIONS OF THE ATHLETIC TRAINING EDUCATION PROGRAM

CRITERIA FOR RETENTION IN THE ATEP

CLINICAL EXPERIENCE EXPECTATIONS AND CLASSROOM RESPONSIBILITIES

CLINICAL EXPERIENCES

Clinical Experience Responsibilities

CLINICAL SUPERVISION

CLINICAL PERFORMANCE EVALUATION

Evaluation of Clinical Experiences

APPENDICES

Appendix A. Emergency Action Plan Orientation Checklist

Appendix B. Blood Borne Pathogens Policy

Appendix C. Biohazardous Guidelines

Appendix D. Therapeutic Modality and Therapeutic Rehabilitation/Exercise Policy

Appendix E. First Aider Statement of Understanding

Appendix F. Technical Standards For Admissions and Retention Consideration

Appendix G. Student Dress Code Expectations

Appendix H. CAATE Clinical Education Terminology

Appendix I. Clinical Education Supervision Policy

Appendix J. Infectious Illness Policy

Appendix K. Clinical Proficiency Evaluation

Appendix L. Clinical Education Frequently Asked Questions

PURPOSE

Welcome to the University of Texas of the Permian Basin (UTPB) Athletic Training Education Program (ATEP). The purpose of this clinical education handbook is to introduce certified and licensed athletic trainers and other allied health professionals to athletic training clinical education at UTPB. This handbook will introduce you to: the UTPB ATEP, concepts and terminology used in clinical education, and important policies of the program.

FROM THE DIRECTOR

I am delighted that you have agreed to serve as a Approved Clinical Instructor/ Clinical Instructor (ACI/CI) within The University of Texas of the Permian Basin Athletic Training Education Program. I hope that you will find this Clinical Education Handbook helpful in performing your roles as an ACI/CI. We all know that quality clinical instruction takes a deliberate and focused approach. You will become an extremely valued member of the athletic training clinical education team at The University of Texas of the Permian Basin. Please contact me if you have further questions or comments about this manual. Please contact me at:

Richard J. Lloyd, Ed D, ATC
Director of Athletic Training Education
The University of Texas of the Permian Basin
4901 E. University, Odessa, TX 79762
Office: Mesa Building 3148
Phone: 432-552-3228, email: lloyd_r@UTPB.edu

BECOMING AN APPROVED CLINICAL INSTRUCTOR

The approved clinical instructor (ACI) credential is awarded to a certified athletic trainer and other allied health professional who is appropriately credentialed for a minimum of one year. The ACI credential is awarded upon the successful completion of Approved Clinical Instructor Training. As an ACI, you will provide instruction and evaluation of the athletic training educational competencies. The distinction between a clinical instructor (CI) and an ACI is that an ACI can evaluate and approve clinical proficiencies.

ACI Training can be completed at any time through The University of Texas of the Permian Basin Athletic Training Education program. ACI Training is broken into specific learning modules. The learning modules include readings, accessing online reporting forms, reflecting on clinical education practices, etc. There will be several short examinations as progress is made through the training modules.

If you are interested in becoming an ACI, please contact Dr. Richard Lloyd, Director of Athletic Training Education (lloyd_r@UTPB.edu) to begin ACI Training.

GENERAL INFORMATION

The athletic training education program (ATEP) at The University of Texas of the Permian Basin blends both clinical and classroom components to develop a well-rounded entry-level certified athletic trainer (ATC). The University of Texas of the Permian Basin athletic training education program is a growing program seeking CAATE accreditation. The major develops the knowledge, skills, and professional attitudes/behaviors necessary for the practice of athletic training. The academic and clinical instructors continually strive to provide the students with the most current evidence-based clinical and teaching practices by attending seminars and conferences, and through conducting original research.

Mission

The mission of the UTPB Athletic Training Education Program is to prepare qualified entry-level athletic trainers for the profession of Athletic Training. The program develops knowledge, skills and professional attitudes/behaviors in the following twelve athletic training educational competencies/clinical proficiency content areas:

Risk Management and Injury Prevention
Pathology of Injuries and Illnesses
Assessment and Evaluation
Acute Care of Injury and Illness
Pharmacology
Therapeutic Modalities
Therapeutic Exercise
General Medical Conditions and Disabilities
Nutritional Aspects of Injury and Illness
Psychosocial Intervention and Referral
Health Care Administration
Professional Development and Responsibilities

Goals

Listed below are the goals of the Athletic Training Education Program:

1. To provide quality evidence based athletic training didactic education.
2. To provide quality athletic training clinical education in a variety of settings (e.g., college/university, high school, clinic).
3. To provide students with ample opportunities for clinical skill instruction and evaluation.
4. To guide students in the development of their core professional attitudes/behaviors.
5. To prepare quality entry-level athletic training professionals for employment in a variety of settings (e.g., college/university, high school, clinic).
6. To assist students in gaining employment or admittance into graduate school.
7. To prepare students to sit for both the National Athletic Trainer's Association Board of Certification (NATABOC) and the Texas Advisory Board of Athletic Trainers (TABAT) examinations.

Guiding Principles:

These guiding principles direct the “ideal” teaching and learning in the UTPB ATEP:

1. Curiosity

Intellectual curiosity is valued and expected. Instructors and students should strive to embrace the “why” questions and understand the science behind the concepts learned. The program strives for enthusiastic instructors and learners.

2. Communication

Open, honest, and thoughtful communication among students and instructors is essential. This includes thoughtful criticism, constructive feedback, and positive encouragement. In addition, the development of appropriate oral and written communication skills needed for all aspects of patient care is expected across the curriculum.

3. Integrity

The UTPB ATEP aspires to operate at the highest level of ethical conduct and to promote these values among students and instructors. Medical confidentiality must be strictly adhered to in all aspects of education, research, and patient care. Proper professional conduct in accordance with the NATA Code of Ethics is emphasized and expected at all levels of the program.

4. Critical Thinking, Problem Solving, and Decision Making

Instructors and students are committed to developing critical thinking, problem solving, and decision making skills. Problem and case based learning is incorporated at all levels of the UTPB ATEP.

5. Theory to Practice

Evidence-based practice and encouraging the link from current research to clinical practice is emphasized in all phases of the athletic training education program. Students are expected to prepare themselves adequately for the classroom to ensure they possess the appropriate level of knowledge to practice clinical skills.

6. Advocacy

The UTPB ATEP embraces the concept of advocacy. Students should be advocates for their own learning. Instructors should be advocates for student learning and embrace teachable moments. The concept of being an advocate for the athlete/patient should be a principle observed and reinforced to ATs in all aspects of the clinical program.

EXPECTATIONS OF THE ATHLETIC TRAINING EDUCATION PROGRAM

Athletic training students (ATs) have been selected into the program over numerous other students who have the same interest. A student was chosen because of their potential for a successful career in athletic training. Among other qualities, an AT possesses good intelligence, perseverance, dedication, communication skills and work ethic. However, all the other students in the program have these same qualities and each student must strive for excellence. The sections below outline some expectations for all ATs.

Expectations in the classroom

It is expected that students will:

- Strive for academic excellence in all courses. The theoretical information gained from classes will provide a foundation for all clinical skills. Students must continue to improve on all aspects of their education to provide the best care of athletes and patients.
- Successfully complete all clinical laboratory competencies each semester.

Expectations regarding clinical experiences

It is expected that students will:

- Report on time to clinical experiences and be prepared to assume learning responsibilities as an ATS.
- Complete the Emergency Action Plan (Appendix A) with their ACI by the middle of the second week of each clinical assignment.
- Maintain current CPR for Professional Rescuer and first aid certifications. Students will be removed from their clinical experiences until such time that they are current.
- Complete OSHA Blood Borne Pathogen Training annually. (see Appendix B for Blood Borne Pathogens Policy and Appendix C for Biohazardous Guidelines)
- Be inquisitive and pose good questions clinical instructors and other health care providers in their clinical experience.
- Supplement your education at all clinical experiences with additional reading in relevant journals and books.
- Refrain from applying skills during their clinical experiences which have not first been instructed and evaluated by an ACI. (see Appendix D for specific policy regarding therapeutic modalities and therapeutic exercises)
- Take the initiative to learn at all clinical placements.
- Assume a leadership role with peers in the classroom, laboratory and clinical settings.
- Attempt to improve athletic training skills every day.
- Engage in an average of 20 hours of clinical experience each week. These experiences/hours are during times when there is a high opportunity for learning. This is only an average and there may be weeks in which more or less than 20 hours are completed, depending on the learning environment.
- Have pride in yourself, the program and the profession of athletic training. During the first year in the clinical education program, students will assume assistant roles with approved clinical instructors/UTPB sports. During the second year in the

clinical education program, it is expected that students will assume more of a lead role (certain exceptions) with a UTPB sport under the supervision/instruction of an approved clinical instructor.

Expectations regarding completion of proficiencies and proficiency matrix

It is expected that students will:

- Have the proficiency manual on their person at all clinical experiences.
- Have the approved clinical instructor sign-off/approve clinical proficiencies that are successfully completed in the real time situation
- Plan along with the approved clinical instructor to periodically complete clinical proficiencies during down time at clinical experiences.
- Record/log approved clinical proficiencies in the proficiency matrix in a timely fashion.

CRITERIA FOR RETENTION IN THE ATHLETIC TRAINING EDUCATION PROGRAM

Once admitted into the athletic training education program, the students' academic and clinical progress will be evaluated each semester. The student who continues to demonstrate satisfactory academic and clinical progress in the program will continue to the next semester. If an unsatisfactory report in either the clinical or academic aspects is noted, the student will be placed on probation for one semester to remedy the deficiencies. If these deficiencies are not corrected, the student may be dismissed from the athletic training education program. (see Appendix F for Technical Standards for Admission and Retention Consideration)

The following guidelines will be used to evaluate each ATS at the end of each semester in order to remain in good standing in the athletic training education program:

1. Must satisfy (with or without accommodation) the mental, cognitive, emotional, and physical technical standards involved in completing the competencies and clinical proficiencies in the program.
2. Must maintain a minimum overall Grade Point Average of 2.3 with no semester lower than a 2.0. A student dropping below this mark will be placed on probation for one semester. Failure to meet this standard after one semester on probation may result in dismissal from the athletic training education program.
3. Must maintain a minimum grade point average of 2.5 in the Athletic Training Core Curriculum. An ATS who received a grade lower than "C" in any athletic training course will be required to retake the course.
4. Student clinical performance will be evaluated. In instances of unsatisfactory, clinical performance, the student will be placed on probation for one semester. A student who does not attain an appropriate clinical performance level after one semester may be dismissed from the athletic training education program.

These performance evaluations will be based on one or more of the following:

- a. Mid-term and final clinical performance evaluations completed by the clinical instructors.
- b. Laboratory approved clinical instructor evaluations/input.

c. Completion of clinical proficiencies in a timely manner. Proficiencies approved in a laboratory from the previous semester must be completed by the conclusion of the following semester.

5. Must successfully perform all clinical proficiency skills on the semester-end evaluation. In the event a clinical proficiency is not performed successfully the student must return and demonstrate proficiency prior to the next semester. A student who does not attain an appropriate clinical performance level within one month from the first semester-end evaluation may be placed on probation the athletic training education program.

6. Successfully complete annual OSHA Blood Borne Pathogen Training

CLINICAL EXPERIENCE EXPECTATIONS AND CLASSROOM RESPONSIBILITIES

Students are expected to complete clinical responsibilities as they would in any professional responsibility. They should report on time and dressed appropriately (see Appendix G for the dress code). Academics are a priority of this program and students are expected to practice good time management skills to maintain a strong GPA. This involves balancing academics and clinical education (see Appendix H for CAATE Clinical Education Terminology). This also includes scheduling clinical experiences during the highest opportunity/volume for learning during approximately 20 hours/week of clinical experiences. In the event a student will not be able to report to their clinical experience because of a legitimate excuse, the student should promptly notify and discuss with their clinical instructor.

The roles of the athletic training student include functioning in a multi disciplinary environment with a variety of health professionals. This role does NOT include transporting athletes to and from appointments with physicians, transporting equipment or coolers needed for clinical experiences, etc. The ATS should gain as much knowledge and experience as possible concerning injuries/conditions, athlete/patients, health care providers and administrative tasks in the different athletic training clinical settings while supervised by a Preceptor.

CLINICAL EXPERIENCES

Students will engage in variety of clinical experiences/assignments with Preceptor during their on-campus and off-campus clinical experiences during their tenure in the athletic training education program. Assignments to a Preceptor are categorized based on exposure to medical conditions, upper extremity injuries, lower extremity injuries, and equipment intensive sports. These assignments will be distributed through individual and team sports, in-season/out-of-season sports, contact and non-contact sports, and men and women's sports. Further, each student will complete a clinical experience with football for at least one semester. Athletic training student clinical assignments will be made by the program director in consultation with the UTPB clinical instructors. Student-athletes accepted into the program must complete one UTPB sport assignment on a full-time basis each academic year. The majority of the clinical experiences will be completed in the afternoon during 1-6 PM. However, certain sports will practice either earlier or later than this time. Once a student is assigned to an approved clinical instructor/sport, they are to check with the ACI about the practice time for that sport.

Another policy to ensure the safety of the patient and protect the ATS is the Infectious Illness Policy (see Appendix J). Students are to refrain from engaging in clinical experiences when they are ill.

CLINICAL EXPERIENCE RESPONSIBILITIES

Once admitted into the athletic training education program, a student is assigned to a CI/ACI. Most clinical assignments will have a minimum of 2 athletic training students. Typically, one will be an upper division student and one will be a lower division student. We expect that both students will work closely together. Further, we expect the upper division student to share knowledge and experience and mentor the lower division student.

The purpose of the clinical assignment is to provide the student with opportunities to practice and master clinical skills and with experiences in the comprehensive health care of athletes. Students will assist in tasks concerning injury prevention, evaluation and care of injuries, and design and implement rehabilitation and reconditioning procedures - all under the supervision of the clinical instructor.

The ATS should adhere to the following guidelines when assigned to a Preceptor:

1. Inform athletic training staff of all serious injuries or emergency situations when they occur.
2. Consult with the athletic training staff on the evaluation, treatment, care and rehabilitation of significant injuries.
3. Assist the Preceptor in documentation and keeping all injury records current and complete.
4. Never get into a confrontation with a coach or administrator about an athlete's status. Inform the athletic training staff about the problem and let them handle the situation.

To ensure the safety of the patient and protect the ATS, the Infectious Illness Policy (see Appendix J) outlines guidelines for illness. Students are to refrain from engaging in clinical experiences when they are ill.

CLINICAL SUPERVISION

There are essentially two types of clinical education experiences, each of which is supervised in a slightly different manner.

Clinical Experience Supervision

Direct supervision (see Appendix I for Clinical Supervision Policy) of athletic training students must take place during all clinical experiences under the direction of an Approved Clinical Instructor (ACI) or Clinical Instructor (CI). The ACI/CI who plans, directs, advises, and evaluates the students' athletic training clinical experience must consistently and physically interact with the athletic training student at the site of the clinical experience. The ACI/CI must be physically present to intervene on behalf of the patient and to provide consistent education. Communication via a Walkie-Talkie or cellular telephone does not constitute appropriate supervision. An unsupervised student is not considered to be completing clinical experience. It is recommended that an unsupervised student should restrict their duties to that of a First Aider (see Appendix E for the First Aider Statement of Understanding).

Clinical Education Supervision

Clinical education applies to the instruction and evaluation of the clinical proficiencies by an ACI. Constant visual and auditory interaction between the student and the ACI must be maintained. The ACI shall be physically present for proficiency instruction and evaluation.

CLINICAL PERFORMANCE EVALUATION

Clinical instructors will evaluate student's clinical performance at the middle of the semester and at the completion of each semester, including on objectives tied to the student's clinical course. Further evaluations will be based on the student's academic progress and completion of clinical proficiencies. For on-campus clinical assignments, the assigned clinical instructor, the student and the program director will meet face to face at the end of each semester to discuss the students' evaluation and advancement in the educational program as outlined in the retention procedures. In addition, the student will self-evaluate each mid-semester to engage in reflective praxis regarding both their local (clinical course objectives) and global (general) practices at the conclusion of each rotation/semester. For all clinical education experiences students will also complete an update report every 2-3 weeks to provide the clinical and lab instructors and Program Director with information about whether they are completing relevant clinical course objectives (as well as over all experiences and satisfaction) for those experiences. All evaluation forms can be found at [the UTPB ATEP website](#).

Evaluation of Clinical Experiences

Evaluations are completed for each athletic training student, clinical instructor, and clinical setting for each clinical experience. The UTPB ATEP utilizes the following evaluation tools and methods.

1. Update Reports

Athletic training students will complete an Update Report on a bi-monthly basis to document their progress regarding clinical and interpersonal skills. Update Reports are completed and submitted electronically. Clinical Instructors will be forwarded each Update Report for students they supervise for their review. Once you have reviewed the Update Report, please promptly discuss the contents of each report with the student. Clinical instructors should review the Clinical Proficiencies practiced and evaluated sections of the Update Report to ensure and validate that all clinical proficiencies practiced and approved are noted by the student.

2. Clinical Proficiency Evaluation The assessment of a student's skill level serves two fundamental purposes. First, it documents the student's skill acquisition, level of ability, and progression over time. Secondly, and equally as important, performance assessment provides feedback regarding the instructional techniques and the quality of clinical instruction. Students are assessed on formally twice per semester, a Mid-Term Evaluation and a Final Evaluation. Clinical instructors are responsible for completing the electronic evaluation forms for each student they supervise. A link to the evaluation will be sent to you electronically approximately one week before they are due. After completing this evaluation, discuss the contents with the student, and both you and the student will sign and date the evaluation. The student will then bring the signed evaluation to the Athletic Training Education Program office.

3. Evaluation of Clinical Instructor

The primary purpose of the clinical instructor evaluation is to improve and development the individual as a clinical instructor. A further purpose is to provide information on the general

quality of the clinical instructor, and to provide the program director with specific feedback concerning such things as supervision, evaluation, and feedback given to the students. Students will complete an electronic evaluation of each clinical instructor at the end of their clinical experience. This evaluation of the clinical instructor will be disseminated to the clinical instructor after the signed student evaluation has been received by the Athletic Training Education Program office.

4. Evaluation of the Clinical Experience Setting

The primary purpose of the clinical experience setting is to improve and develop the clinical setting. A further purpose is to provide information on the general quality of the experience, and to provide the program director with specific feedback concerning such things as student orientation to clinical setting, interactions with other allied health professionals, interactions with patients, and interaction with clinical instructor(s).

Students complete an electronic evaluation of the clinical experience setting at the end of their clinical experience. This evaluation of the clinical experience setting will be disseminated to the clinical instructor for each clinical experience setting after the signed student evaluation has been received by the Athletic Training Education Program office.

5. Clinical Proficiency Evaluation

After the successful completion of ACI Training, clinical instructors can evaluate the athletic training student's ability to integrate the didactic knowledge and skills into clinical performance through clinical proficiency evaluations (see Appendix K for clinical proficiency evaluation guidelines).

6. Clinical Proficiency Matrix

The clinical proficiency Matrix is a unique tool that allows students, faculty, and staff of the athletic training education program to track clinical proficiencies each student has completed. Clinical proficiencies are organized by each domain of athletic training practice within each academic course. Students are responsible to update their matrix after they have completed a clinical proficiency which has been evaluated and approved by an ACI. Access to the Proficiency Matrix is limited to ACIs of the athletic training education program.

Appendix A

Emergency Action Plan Orientation Checklist

By signing this checklist the Athletic Training Student (ATS) and the Clinical Instructor (CI) acknowledge that the information covered in this checklist has been reviewed and the ATS is familiar with the location of emergency equipment, personnel, and procedures associated with the venue(s).

1. The ATS has reviewed the Emergency Action Plan for this venue(s) and has had the opportunity to ask questions regarding the plan.
2. The ATS has been instructed in the use of phones, radios, or other communication devices associated with this venue(s)
3. The ATS has been instructed on appropriate emergency phone numbers associated with this venue(s)
4. The ATS has been instructed on the chain of responsibility associated with the personnel working at this venue(s)
5. The ATS has been given the opportunity to review and become familiar with the first aid and emergency equipment associated with this venue(s)
6. The ATS has been shown the location of the AED (if any), and is familiar with the personnel certified in its use.
7. The ATS has been advised of appropriate procedures (and location of supplies—e.g., face mask, gloves) regarding the cleaning-up of blood and body fluids, safety considerations regarding their handling, and the procedures for reporting any exposures to such fluids.

Athletic Training Student _____ Date: _____

Clinical Instructor _____ Date: _____

Appendix B

Blood Borne Pathogens Policy

The University of Texas of the Permian Basin Athletic Training Education Program provides an academic program of study involving formal classroom education combined with clinical experience with intercollegiate athletics at The University of Texas of the Permian Basin. In addition, students are participating in clinical experiences at other off-campus sites, including but not limited to, outpatient physical therapy clinics, work performance center, high school athletic teams, and primary care sports medicine clinics. All clinical experiences in these settings are conducted under the supervision of a clinical instructor and/or other health care professionals at the respective facility. If an exposure is thought to occur, the athletic training student is expected to follow the guidelines in the Infectious Illness Policy (Appendix H).

As a result of potential exposure to blood and other infectious materials, it is the policy of the Athletic Training Staff to give each student enrolled within the Athletic Training Education Program formal instruction in Universal Precautions, according to the recommendations from the Center for Disease Control. This formal instruction will be provided in the classroom as part of the athletic training educational program, and additionally will be provided in a workshop by the University. Each student within the Athletic Training Education Program will be required to attend an annual formal instructional session provided by the University. Formal instruction in Universal Precautions includes: Disposal of needles, and other sharp instruments; hand washing; cleaning, disinfecting, and sterilizing; cleaning and decontaminating blood spills, laundry; disposal of infective waste; use of disposable gloves, masks, eyewear, and gowns, and resuscitation equipment.

Appendix C

Biohazardous Guidelines

Strictly adhere to the guidelines and procedures for disposing of BIOHAZARDOUS waste materials. BIOHAZARDOUS waste receptacles and sharp's boxes are located in all the athletic training rooms. Latex gloves are available for use. It is expected that rubber gloves are utilized when evaluating or treating open wounds, which may involve blood or other body fluids.

Disposal Guidelines

Materials contaminated by blood, body fluids, exudates, or other infectious substances are to be disposed in the covered waste receptacles lined with biohazard bags. These waste receptacles are located in each of the athletic training rooms. The following items should be disposed of in the BIOHAZARDOUS waste receptacles: gauze wound dressings, latex gloves or other materials that have been contaminated with body fluids.

Scalpels, blades or other sharp objects contaminated with blood, body fluids, exudates, or other infectious agents should be disposed of in the sharp's box located in each athletic training room. Disposable scalpels are available for use.

Laundry (towels) that have been exposed to blood or body fluids, no matter how minimal, should be placed in a separate laundry bag and taken to the laundry room. Wear latex gloves when carrying this bag. Notify the laundry room attendant about the contaminated towels and instruct that they should be washed separately in HOT WATER.

Notify the staff athletic trainer immediately when the BIOHAZARDOUS bag or sharp's box are full. Appropriate personnel at the physical plant will be notified to pick-up, transport and disposed these materials.

Appendix D

Use of Therapeutic Modalities/Agents and Therapeutic Exercise/Techniques

The purpose of this policy is to safeguard the health of the athlete/patient. Further, this policy is intended to ensure that athletic training students are competent in applying therapeutic modalities/agents and exercise/techniques prior to using them with athletes/patients.

Athletic training students wishing to apply therapeutic modalities/agents or exercise/techniques prior to formal completion of relevant courses must complete a 5 - 10 minute oral/practical clinical competency exam with an Approved Clinical Instructor (ACI) regarding the application of infrared agents (e.g., hot packs, whirlpools), common nerve and muscle stimulating currents, ultrasound, common strengthening/stretching exercise, and common therapeutic techniques (e.g., massage). No modality/agent or therapeutic exercise/technique may be applied by an athletic training student prior to successful completion of a competency exam.

Clinical competency will be demonstrated by the following:

- a. The athletic training student will be knowledgeable about the basic physiological effects, indications, contraindications and safety/precautions associated with the common therapeutic modality/agents and therapeutic exercise/techniques.
- b. The student will properly apply common therapeutic modalities/agents and therapeutic exercise/techniques.

This policy will primarily apply to athletic training students who have not yet completed KINE 4370(Therapeutic Modalities) or KINE 4372 (Rehabilitation of Athletic Injuries). Students in these classes will later demonstrate clinical proficiency as part of the course/lab requirements. Any athletic training student, who has completed a competency exam, the Therapeutic Modalities course, or Rehabilitation of Athletic Injuries but begins to inappropriately apply a therapeutic modality/agent or therapeutic exercise/technique, may be requested to again complete a clinical competency exam.

The student will arrange to complete a clinical competency exam with an ACI.

Record of completion of a clinical competency exam will be noted in the student's clinical proficiency manual.

Athletic training students may not initiate the use of a therapeutic modality or therapeutic exercise/technique as part of an athlete's/patient's treatment plan. Athletic training students who have successfully completed the clinical competency exam will be permitted to apply the therapeutic modality or exercise/technique only after it has been initiated by a clinical instructor and only under direct supervision.

Failure to comply with this policy will be considered as professional misconduct and grounds for probation in the Athletic Training Education Program.

Appendix E

First-Aider Statement of Understanding

An unsupervised student is not considered to be completing clinical experience. It is recommended that an unsupervised student should restrict their duties to that of a First Aider.



Appendix F

Technical Standards for Admission and Retention

The University of Texas of the Permian Basin, Athletic Training Education Program (ATEP) intends to be a rigorous academic experience placing specific requirements and demand on students enrolled in the curriculum. A major objective of the curriculum is to prepare Athletic Training Student graduates the ability to enter into a variety of employment settings, as well as be able to render care to wide variety of individuals who are physically active. The technical standards documented in this policy establish qualities and characteristics necessary for students admitted into the curriculum to achieve the knowledge, skill and competency standards of an entry-level Athletic Trainer. These standards also meet the expectations of the Commission on Accreditation of Athletic Training Education (CAATE), the curriculum's accrediting body.

Admission/ Retention Requirements

The following abilities and expectations must be satisfied by all students who request admission in to the Athletic Training Education Program. Should a student not be able meet these requirements with or without reasonable accommodation, the student will not be admitted in to the ATEP. Satisfactory compliance with the requirements does not guarantee a student's eligibility to take the NATABOC certification exam.

Technical Standards

1. The student maintains a GPA of 2.5 at the time of application, and must maintain a minimum cumulative GPA of 2.3 for retention in the ATEP.
2. The mental capacity to assimilate, analyze, synthesis, integrate concepts and problem solve. Can formulate assessment and therapeutic judgments and be able to distinguish deviations from the norm.
3. Adequate body postural, neuromuscular control, sensory functions, and coordination to perform appropriate physical examinations using accepted techniques; and can safely and effectively use equipment and materials during evaluation and treatments of athletes/patients.
4. The ability to communicate effectively and sensitively with athletes/patients and colleagues including individuals with diverse cultural or social backgrounds.
5. The ability to document evaluation results and treatment plan clearly and accurately.
6. The character to maintain composure and function appropriately during periods of increased demand and stress.
7. Demonstrate effective character traits including perseverance, commitment, and diligence to successfully complete the ATEP as outlined and sequenced.
8. Shows flexibility and ability to adjust to fluid, changing situations in clinical situations.

9. Demonstrate affective skill in communication and rapport that translate in to professional education and quality athlete/patient care.

Evaluation of Technical Standards

The student's compliance with the technical standards will be evaluated based on mid-term and final semester evaluations completed by the student's Approved Clinical Instructor/Clinical Instructor (ACI/CI). The technical standards will be evaluated as follows:

1= Unacceptable 2= Needs Improvement 3= Satisfactory 4= Good 5= Outstanding

(This evaluation scale is only for use with technical standards, NOT the evaluation of clinical proficiencies.)

Student / Health Care Provider Verification

Applicants for selection into the UTPB ATEP are required to verify that they understand the technical standards. Applicants are also required to provide verification from their health care provider (physician, nurse practitioner, physician assistant, etc) that at the time of application to the ATEP they have possess a history of immunizations including measles, mumps, rubella, tetanus and diphtheria. (It is recommended that the applicant has had the hepatitis B series.) The health care provider also provides verification that the ATEP applicant complies with the technical standards.

Accommodation Statement

Any student who feels that he or she may require assistance for any type of physical or learning disability should consult with the instructor as soon as possible. To request academic accommodations for a disability contact Dr. Efren Castro, Director of the PASS Office in the Mesa Building Room 1160, 432-552-2631 or e-mail Dr. Castro at castro_e@utpb.edu Students are required to provide documentation of disability to PASS Office prior to receiving accommodations

**The University of Texas of the Permian Basin
Athletic Training Education Program**

Student / Health Care Provider Verification Form

At the time of application to the professional preparation phase of the Athletic Training Education Program, the student applicant will read and sign the following statement of understanding.

I verify that I have read and understand the technical standards for admission and retention in the University of Texas of the Permian Basin Athletic Training Education Program. I recognize that these standards must be satisfied to be selected for, and to continue in the curriculum.

Name of Student (Printed)

Date of Application

Signature of Student

At the time of application to the professional preparation phase of the Athletic Training Education Program, the student applicant will have a health care provider read and sign the following statement of understanding.

I verify that I have read and understand the technical standards for admission and retention in the University of Texas of the Permian Basin Athletic Training Education Program. This student applicant can meet the general intent of (orientation, clear speech, intact memory, and has the ability to reach heights for examination/care of an athlete/patient ranging from the head of someone standing or lying on the floor) the technical standards, with or without accommodation.

Name of Health Care Provider (printed)

Date

Signature of Health Care Provider

Appendix G

Dress Code Expectations

1. UTPB Athletic Training shirt or UTPB athletic team shirt.
2. Hats are **only** allowed at outdoor events (team practices or games).
3. Clothing with another institution's name or logo is **not** allowed at any time.
4. Body piercing jewelry is **not** to worn at any time.
5. Facial hair must groomed short and neat.
6. "Tennis"/Athletic shoes are to worn at all times. **No** open toe shoes, sandals or "flip-flops". Dress shoes are permitted when dress clothes are appropriate for an event.
7. Shirts must be worn "tucked-in".

Appendix H

CAATE Athletic Training Education Terminology

Abbreviations

ACI: Approved Clinical Instructor

CI: Clinical Instructor

CIE: Clinical Instructor Educator

ATS: Athletic Training Student

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.
---	---

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.
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 aides 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, medical 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 and evaluated. This process involves the initial formal instruction and evaluation of that knowledge and skill, followed by a time of sufficient length to allow for practice and internalization of the information/skill, and then a subsequent re-evaluation of that information/skill in a clinical (actual or simulated) setting.

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-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 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.

Appendix I

Clinical Education Supervision Policy

Clinical Experience Supervision

Direct supervision of athletic training students must take place during all clinical experiences under the direction of an Approved Clinical Instructor (ACI) or Clinical Instructor (CI). The ACI/CI who plans, directs, advises, and evaluates the students' athletic training clinical experience must consistently and physically interact with the athletic training student at the site of the clinical experience. The ACI/CI must be physically present to intervene on behalf of the patient and to provide consistent education. Communication via a Walkie-Talkie or cellular telephone does not constitute appropriate supervision. An unsupervised student is not considered to be completing clinical experience. It is recommended that an unsupervised student should restrict their duties to that of a First Aider.

UTPB
ATEP

Appendix J

Infectious Illness Policy

Athletic training students have a small but real health risk during their clinical experiences. They frequently come into contact with athletes who are ill with potentially infectious illnesses, and they often are required to tape or bandage wounds that present the potential for contact with blood borne pathogens. In addition, athletic training students who are ill with infectious illnesses may present a health risk to patients/athletes. The University of Texas-Permian Basin Athletic Training Education Program (UTPB ATEP) aspires to prevent disease exposure to staff, athletic training students, and patients/student-athletes.

Athletic training students must use universal precautions to limit the exposure to blood borne pathogens. OSHA blood borne pathogen training (or other acceptable training) for medical workers will be conducted annually for athletic training students in the fall. Institutional and program infection control policies will also be reviewed at this time. Hepatitis B vaccinations will be made available through the student health service at a reasonable cost to the athletic training students.

Athletic training students must realize that ill health care workers present some risk to the patients/athletes they treat and with whom they come in contact. To limit this risk, the following steps will be followed:

1. If an athletic training student is ill, the student will be examined by a physician (or other licensed health care provider) of his/her choice. The physician will determine the appropriate treatment and the amount of time the student will be absent (if applicable) from clinical experiences.

The Center for Disease Control (CDC) provides specific guidelines for reporting communicable and infectious illness (see table 3 from the CDC web page <http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/InfectControl98.pdf>). These guidelines are designed to provide for the uniform reporting of diseases of public health importance within the community, in order that appropriate control measures may be instituted to interrupt the transmission of disease, and will be followed by the BSU Athletic Training Education Program.

2. If it is determined that the athletic training student may have a potentially infectious illness, he/she will be asked to relate that information to their clinical instructor and the ATEP Program Director before their next scheduled clinical experience time.
3. The ATEP Program Director, in consultation with the ATEP Medical Director, will determine if the athletic training student requires further physician (or other related licensed health care provider) consultation/examination before he/she returns to their clinical experiences. The physician may schedule an examination, bar the athletic training student from reporting to their clinical setting, or permit the athletic training student to report back to their clinical setting.

4. Staff clinical supervisors may require that an ATS who appears ill, to be examined by either a physician (or other licensed health care provider) of the ATSs choosing.
5. A physician (or other licensed health care provider) must examine ATSs who miss any clinical assignment time due to infectious illness before they are allowed to resume clinical assignments.



Appendix K

Clinical Proficiency Evaluation Scale

Use the following scale to determine the students' level of proficiency

Level 5 = Outstanding

The student can perform this activity with more than acceptable speed and quality, with initiative and adaptability and can lead others in performing this activity.

Level 4= Superior

The student can perform this activity satisfactorily with more than acceptable speed and quality of work with initiative and adaptability to special problem solving.

Level 3= Competent

The student can perform this activity satisfactorily without assistance and/or supervision with more than acceptable speed and quality of work.

Level 2 = Satisfactory

The student can perform this activity satisfactorily without assistance and/or supervision.

Level 1 = Needs Improvement

The student can perform this activity but requires some assistance and supervision.

Level 0= Unacceptable

The student cannot perform this activity satisfactorily to participate in the clinical environment.

Appendix L

Clinical Education FAQs

What are the qualifications to become an ACI?

ACIs must be credentialed in a health care profession as defined by the American Medical Association or American Osteopathic Association. ACIs must be an ATC or other appropriately credentialed health care professional for a minimum of one year. ACIs may not be students currently enrolled in the entry-level athletic training education program. Graduate assistants with a minimum of one year of experience can be ACIs. (Standard B3.21, B3.22, B3.23)

Must an ACI evaluate proficiencies that have previously been evaluated by a non-ACI?

Yes, ACIs must provide assessment of athletic training students' clinical proficiency. (Standard B3.32)

Are multiple training sessions required if an ACI is affiliated with one or more programs or moves from one program to another??

The core training for the ACI would apply to all programs. The specific forms, policies, and procedures for each program would require specific sessions.

How often must initial ACI Training be sponsored?

The ACI initial training should be conducted at a rate that permits an adequate number of ACIs.

How do you maintain your status as an ACI or CIE?

In order to maintain consistent delivery of Athletic Training Clinical Education, the designated CIE must conduct ACI initial or continued training at least once every three (3) years to maintain approval as a CIE. Likewise, the ACI must complete continued training at least once every three (3) years.

What information do I need to document upon the completion of my ACI training or continued training as a CIE or ACI?

At the conclusion of the ACI Training and subsequent retraining, the following information must be documented and maintained in house for the accreditation self-study:

- Course agenda (including contact hours for CEU purposes)
- Date(s) the course was offered
- Name of sponsoring institution
- Name(s) and BOC certification number(s) of the CIE(s)
- Name(s) and BOC certification number(s) of the participant(s)
- Place of employment of the participant(s)

Can "partial credit" for continuing education be awarded for individuals who must only take a part of the ACI training?

Yes. Continuing education credit is based on total contact hours. The individual would be awarded continuing education credit for those hours that he/she was in attendance.

If I have given the ACI training to my clinical staff one week and the next week I hire a new clinical instructor, do I have to re-give the entire 5-hour initial training workshop to the

new clinical educator?

Yes. All ACIs must undergo a full training session. A video tape of the original session might be used for this purpose.

How often must a CIE meet with an ACI?

ACIs should have planned regular communication with the appropriate ATEP administrator. (Standard B3.33, Standard J1.3).

Supervision Questions

Must an ACI actually see the student perform the clinical proficiency before approving it?

Yes. Direct supervision for clinical education requires constant visual and auditory interaction.

Does the 8:1 ratio correspond to only ACIs?

The number of students assigned to an ACI or CI in the clinical experience must be of a ratio that will ensure effective education and should not exceed a ratio of 8 students to 1 ACI or CI. (Standard J1.4)

What is the difference between direct supervision by an ACI and supervision by a clinical instructor?

ACIs formally teach and evaluate the student's clinical proficiencies through direct supervision. Both ACIs and CIs can supervise the student's clinical experiences, which requires physical interaction at the site of supervision between the athletic training student and the ACI or CI who plans, directs, advises, and evaluates the students' athletic training clinical experience. In either case, the ACI or CI is required to be physically present in order to intervene on behalf of the individual being treated. Clinical supervision is required for public protection for athletic training students per the BOC's and JRC-AT's policies. Likewise, clinical instructors/supervisors are required for most state athletic training practice acts. Also, please do not confuse the response times identified in the Appropriate Medical Coverage document as the standards for athletic training students at clinical experiences.

Instructional Questions

Do all proficiencies have to be taught using the learning over time concept?

Yes. By the nature of the proficiencies (the synthesis of cognitive, psychomotor, and affective competencies), this is often a natural process.

Must skill assessments be linked to academic credit?

Yes. Evaluation of the clinical proficiencies occurs during clinical education; clinical education must be linked to academic credit.

How many times must we "check off" each of the Clinical Proficiencies?

The use of "check off" lists is *not* recommended by the Education Council (EC). The clinical proficiencies should be viewed as inter-related modules that incorporate classroom, laboratory and/or clinical learning experiences. The EC has posted examples of such modules on its web site.

Will the Education Council or CAATE create a “national clinical education curriculum?”

No agency will create a standardized clinical education plan. However, the Education Council will develop templates and models that institutions can adapt for their own purposes.

